

18536



Class. . . . . No. . . . .

Presented by

C. F. Taylor, M.D.





Digitized by the Internet Archive  
in 2014







Handwritten: *Handwritten*

# *Southwestern Medical Record.*

---

*Vol. II.*

*JANUARY, 1897.*

*No. 1.*

---

THE SOUTHWESTERN MEDICAL RECORD is a Medical journal established by physicians for physicians, the official organ of the members of the medical profession of the Southwest.

It is the cherished desire of THE RECORD to be unselfishly the devoted friend of the medical man in the best, broadest and widest sense.

---

## *EDITORIAL STAFF:*

*J. M. BLAIR, M. D.*

*R. T. MORRIS, M. D.*

*J. W. SCOTT, M. D.*

*S. C. RED, M. D.*

---

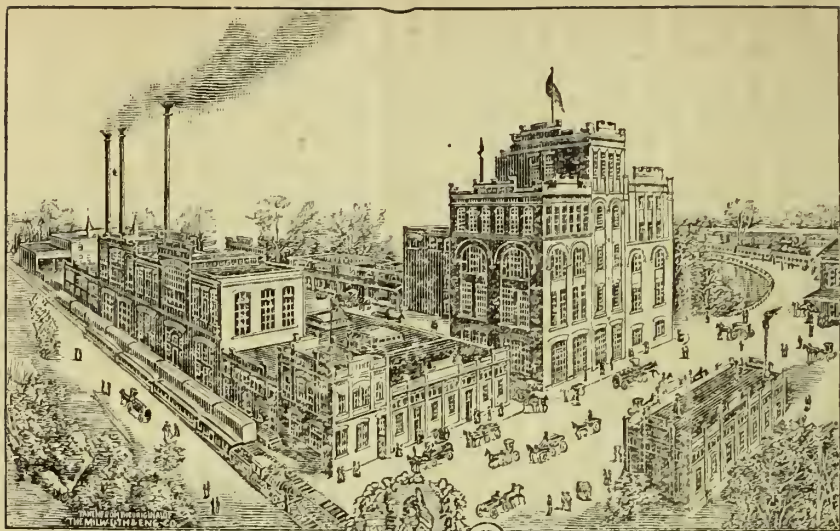
Published Monthly by  
HOUSTON MEDICAL PUBLISHING COMPANY,  
(Incorporated 1895.)  
Houston, Texas.

---

\$1.00 a Year.

Table of Contents on Page V.

MAY 15 1898



## THE AMERICAN BREWING ASSN. HOUSTON, TEXAS

The leading Physicians of Texas recommend "DIXIE PALE" Bottle Beer as an invigorating Tonic, "HOCKERBRAU" Bottle Beer (strong in Malt) for delicate constitutions and for nursing mothers. Ask your druggist for these favorite brands of the

**AMERICAN BREWING ASSOCIATION,** HOUSTON, TEXAS.

## College of Physicians & Surgeons

BALTIMORE, Md.

The Preliminary Lectures will begin September 15, 1896.  
The Regular Annual Session will begin October 1, 1896, and continue six months.

For a Catalogue or other information write,

DR. THOMAS OPIE, Dean,  
College Building, Cor. Calvert and Saratoga Sts.

## Medicinally Pure

and high proof Whiskies, Brandies, Wines, Champagnes and Liquors are not easily found.

**We Handle Them.**

And take this means of informing the Physicians of Houston and the interior that our guarantee accompanies every package going out of our house. Whiskies in Ryes and Bourbons, Brandies and Wines in imported and Domestic, Pabst Best Tonic, and Malt Neutrine.

**Exclusive Agents Burnham's Clam Bouillion.**

Write for Catalogue and prices.

**RADFORD & HUTCHINSON,**

Wholesale and Retail Grocers, Wines and Liquors,  
709 & 711 Main Street, Houston, Texas.



# CONTENTS FOR JANUARY, 1897.

ORIGINAL COMMUNICATIONS.	PAGE.
Atrophy of the Female Genitals: By Byron Robinson, B. S., M. D., Chicago, Ill. ....	1
The Period of Lactation: By a competitor for the Yale Surgical and Gynecological Chair. ....	5
EDITORIAL.	
Concerning the Diagnosis of Fevers .....	11
Medico-Legal Comment.....	13
A Doctor's Relation to other Doctors.....	15
South Texas Medical Association.....	18
Society Notes.....	21
News and Miscellany.....	23
Publisher's Notes.....	32

## INDEX TO ADVERTISEMENTS.

	PAGE.
American Brewing Association, Houston. ....	Inside Front Cover
Anheuser-Busch Brewing Association, St. Louis, Mo. ....	viii
Castalian Mineral Springs Water Co., New Orleans .....	vi
Canton Surgical and Dental Chair Co., Canton, Ohio .....	Cover
College of Physicians and Surgeons, Baltimore, Md. ....	Cover
Crofford, Dr. T. J., Sanitarium, Memphis, Tenn. ....	vi
Empire Mfg Co., Lockport, N. Y., Trusses, Supporters, Bandages, etc.....	Inside Back Cover
Electro-Therapeutic and Massage Sanitarium, Houston.....	iii
Fort Worth Medical College, Fort Worth.....	vii
Hutchinson & Jones, Weyauwega Bulletin .....	viii
Lyons & Co., I. L., Clinical Thermometer, New Orleans.....	vi
Mumaw, Dr. H. A., Surgical and Dental Chair Exch., Elkhart, Ind. ....	x
Monarch Cycle Mfg Co., Chicago, Ill. ....	ix
Mosehart & Keller, Carriage Manufacturers, Houston .....	iii
Nelson, Baker & Co., Mfg Pharmacists, Detroit, Mich.....	x
Nurse's Home, Houston.....	iii
Parry Manufacturing Co., Buggies, Indianapolis, Ind.....	iv
Radford & Hutchinson, Grocers, Houston .....	Inside Front Cover
Scientific American, N. Y.....	viii
The National Medical Exchange, Elkhart, Ind.....	x

INDELIBLE BLACK.

PATENTED MARCH 25, 1890.



THE TWIN  
HALF-MINUTE  
BARRY SCALE.

## CLINICAL THERMOMETER.

*Simple to understand and easy to read.*

It gives the practitioner at a glance the amount of the patient's fever expressed in degrees and parts thereof. It answers the question briefly: How many degrees of fever have I got? And instead of saying 99, 100, 102, etc., we have it expressed in figures, from normal (0) 1, 2, 3, 4, etc., degrees of fever. A trial of this instrument will prove its importance. Positive accuracy warranted.

### TWIN INSTRUMENT.

Price in Rubber Cases, \$2; 25 per cent. discount to Physicians. ■  
If in Gold, with Chain and Pin, \$2 net.

Forwarded to any Address. For sale by all dealers.

I, L. LYONS & CO., New Orleans,

## Castalian Springs Mineral Water

WILL CURE ALL

## Stomach <sup>AND</sup> Kidney Trouble

And is recommended by such Physicians as Dr. S. E. Chaille, J. D. Hunter, Jno. J. Archinard, W. E. Brickell, H. S. Olliphant, P. Berge J. J. D'Aquin. A. McShane; in fact, many others of the leading physicians of New Orleans and elsewhere.

**CASTALIAN M. S. W. CO.,**

405 Baronne St., NEW ORLEANS.

## DR. CROFFORD'S SANITARIUM

FOR DISEASES OF WOMEN,  
155 Third St., Memphis, Tenn.

This Sanitarium is for the accommodation of women who are suffering from diseases peculiar to their sex, and whose physicians at home have not the facilities and inclination to treat. It is located in one of the most quiet and refined residence portions of the city, and is easily accessible by street cars. The building is constructed after the most approved methods of modern sanitary science. It is heated by the hot water system and thoroughly ventilated through an open shaft in the center.

Kind and skillful nurses in attendance day and night.

Physicians desiring to send their patients from home for treatment, may feel assured that everything possible will be done here to provide for their comfort and safety. For further information, address,

T. J. CROFFORD, M. D.



## CONTENTS FOR FEBRUARY, 1897.

ORIGINAL "COMMUNICATIONS.	PAGE.
Appendicitis: By F. R. Collard, M. D., Wheelock, Tex .....	33
Some Observations on Appendicitis: By a Competitor for the Yale Surgical and Gynaecological Chair.....	45
<b>EDITORIAL.</b>	
The Medical Press.....	49
The Treatment of Appendicitis According to Authorities.....	51
<b>ABSTRACTS.</b>	
Treatment of Warty Growths of the Genitals.....	53
Treatment of Syphilodermata .....	53
Contagious Impetigo.....	54
<b>FROM OTHER JOURNALS.</b>	
The Neuron.....	56
Society Notes.....	58
News and Miscellany.....	58
A Character Sketch in Verse.....	62
Reprints Received.....	63
Publisher's Notes .....	64

---

## INDEX TO ADVERTISEMENTS.

	PAGE
Anheuser-Busch Brewing Association, St. Louis, Mo.....	viii
Canton Surgical and Dental Chair Co., Canton, Ohio.....	Cover
Crofford, Dr. T. J., Sanitarium, Memphis, Tenn .....	vi
Empire Mfg Co., Lockport, N. Y., Trusses, Supporters, Bandages, etc.....	Inside Back Cover
Electro-Therapeutic and Massage Sanitarium, Houston.....	iii
Fort Worth Medical College, Fort Worth.....	vii
Hutchinson & Jones, Weyauwega Bulletin .....	viii
H. & T. C. R. R.....	vi
Mumaw, Dr. H. A., Surgical and Dental Chair Exch., Elkhart, Ind.	x
Monarch Cycle Mfg Co., Chicago, Ill.....	ix
Nelson, Baker & Co., Mfg Pharmacists, Detroit, Mich.....	x
Nurse's Home, Houston.....	iii
Oak Lawn, Jacksonville, Ill.....	Inside Front Cover
Parry Manufacturing Co., Buggies, Indianapolis, Ind.....	iv
Radford & Hutchinson, Grocers, Houston .....	Inside Front Cover
Scientific American, N. Y. ....	viii
Sour Lake Company, Sour Lake, Tex .....	xi
The National Medical Exchange, Elkhart, Ind .....	x

# H. & T. C. R. R.

## Double Daily Trains.

Short and Quick Line Between  
North and South Texas . . . . .

## Buffet Sleeper to St. Louis and Denver.

*From Houston and Galveston,*

Leave GALVESTON ..... 7:30 p.m.  
" HOUSTON ..... 10:20 p.m.

The H. & T. C. reaches Galveston, Houston, Brenham, Austin, Waco, Corsicana, Waxahachie, Fort Worth, Dallas, Plano, McKinney, Sherman and Denison, and gives first-class Service.

C. W. BEIN,  
Traffic Manager.

M. L. ROBBINS,  
Gen. Pass. & Tkt Agt.

HOUSTON, TEXAS.



## DR. CROFFORD'S SANITARIUM FOR DISEASES OF WOMEN, 155 Third St., Memphis, Tenn.

This Sanitarium is for the accommodation of women who are suffering from diseases peculiar to their sex, and whose physicians at home have not the facilities and inclination to treat. It is located in one of the most quiet and refined residence portions of the city, and is easily accessible by street cars. The building is constructed after the most approved methods of modern sanitary science. It is heated by the hot water system and thoroughly ventilated through an open shaft in the center.

Kind and skillful nurses in attendance day and night.

Physicians desiring to send their patients from home for treatment, may feel assured that everything possible will be done here to provide for their comfort and safety. For further information, address,

T. J. CROFFORD, M. D.



## CONTENTS FOR MARCH, 1897.

ORIGINAL COMMUNICATIONS.	PAGE.
Malarial Haematuria: By Bat Smith, M. D.....	65
The Hemorrhagic Type of Pernicious Malarial Fever: By A. A. Bailey, M. D.....	80
Report of a Case of Traumatic Tetanus: By J. Frank Thornton, A. M., M. D.....	82
Summer Diarrhœa in Children: Third Paper to Compete for the Yale Surgical and Gynecological Chair.....	84
EDITORIAL.	
Legitimate and Illegitimate Medication as Regards Formalas, Proprietary Medicines, Etc.....	89
Society Proceedings.....	91
Other Journals.....	91
News and Miscellany.....	92
Publisher's Notes.....	100

---

## INDEX TO ADVERTISEMENTS.

	PAGE.
Anheuser-Busch Brewing Association, St. Louis, Mo.....	viii
Canton Surgical and Dental Chair Co., Canton, Ohio.....	Cover
Crofford, Dr. T. J., Sanitarium, Memphis, Tenn.....	vi
Empire Mfg Co., Lockport, N. Y., Trusses, Supporters, Bandages, etc.....	Inside Back Cover
Fort Worth Medical College, Fort Worth.....	vii
Heyer, Geo. W., Druggist, Houston.....	iii
Hutchinson & Jones, Weyauwega Bulletin.....	viii
H. & T. C. R. R.....	vi
Mumaw, Dr. H. A., Surgical and Dental Chair Exch., Elkhart, Ind.....	x
Monarch Cycle Mfg Co., Chicago, Ill.....	ix
Nelson, Baker & Co., Mfg Pharmacists, Detroit, Mich.....	x
Nurse's Home, Houston.....	iii
Oak Lawn, Jacksonville, Ill.....	Inside Front Cover
Parry Manufacturing Co., Buggies, Indianapolis, Ind.....	iv
Radford & Hutchinson, Grocers, Houston.....	Inside Front Cover
Scientific American, N. Y.....	viii
Sour Lake Company, Sour Lake, Tex.....	xi
The National Medical Exchange, Elkhart, Ind.....	x

# H. & T. C. R. R.

## Double Daily Trains.

Short and Quick Line Between  
North and South Texas . . . . .

## Buffet Sleeper to St. Louis and Denver.

*From Houston and Galveston,*

Leave GALVESTON .....	7:30 p.m.
" HOUSTON .....	10:20 p.m.

The H. & T. C. reaches Galveston, Houston, Brenham, Austin, Waco, Corsicana, Waxahachie, Fort Worth, Dallas, Plano, McKinney, Sherman and Denison, and gives first-class Service.

C. W. BEIN,  
Traffic Manager.

M. L. ROBBINS,  
Gen. Pass. & Tkt Agt.

HOUSTON, TEXAS.



### DR. CROFFORD'S SANITARIUM FOR DISEASES OF WOMEN, 155 Third St., Memphis, Tenn.

This Sanitarium is for the accommodation of women who are suffering from diseases peculiar to their sex, and whose physicians at home have not the facilities and inclination to treat. It is located in one of the most quiet and refined residence portions of the city, and is easily accessible by street cars. The building is constructed after the most approved methods of modern sanitary science. It is heated by the hot water system and thoroughly ventilated through an open shaft in the center.

Kind and skillful nurses in attendance day and night.

Physicians desiring to send their patients from home for treatment, may feel assured that everything possible will be done here to provide for their comfort and safety. For further information, address,

T. J. CROFFORD, M. D.

## CONTENTS FOR APRIL, 1897.

ORIGINAL COMMUNICATIONS.	PAGE.
Herpes Corneæ: By S. L. McCreight, M. D., Chicago, Ill.....	101
Prophylaxis of Ophthalmia: By Vard Hulen, M. D., Galveston, Texas .....	103
Report of a case of Appendicitis: By J. W. Scott, M. D., Hous- ton, Texas .....	105
Cerebro Spinal Meningitis: By a Competitor for the Yale Surgi- cal and Gynecological Chair.....	107

### EDITORIAL.

Dr. Rutland's Arrest .....	115
----------------------------	-----

### SOCIETY PROCEEDINGS.

Meeting of the South Texas Medical Association .....	116
The Meeting of Southern Specialists .....	117
National Confederation of the State Medical Examining and Li- censing Boards.....	119

### FROM OTHER JOURNALS.

Is Pulmonary Consumption a Factor for the Elimination of the Unfit .....	120
Effects of Chloroform and Ether Narcosis on the Liver.....	122
Chloroform vs. Ether .....	123
The Dangers of Chloroform.....	123
On the Difference Between Serum and Blood Solutions, etc .....	125
Twin Bearing and Prolificacy.....	126
Alcohol as a Factor in Crime.....	127
First Attacks of Consumption Not Usually Fatal.....	127
News and Miscellany.....	128

Reprints Received .....	132
Publisher's Notes .....	132

## INDEX TO ADVERTISEMENTS.

	PAGE
Canton Surgical and Dental Chair Co., Canton, Ohio.....	Cover
Crofford, Dr. T. J., Sanitarium, Memphis, Tenn .....	vi
Empire Mfg Co., Lockport, N. Y., Trusses, Supporters, Ban- dages, etc .....	Inside Back Cover
Fort Worth Medical College, Fort Worth.....	vii
Heyer, Geo. W., Druggist, Houston.....	iii
H. & T. C. R. R .....	vi
Monarch Cycle Mfg Co., Chicago, Ill .....	ix
Nurse's Home, Houston.....	iii
Oak Lawn, Jacksonville, Ill .....	Inside Front Cover
Parry Manufacturing Co., Buggies, Indianapolis, Ind.....	iv
Scientific American, N. Y. ....	viii
Sour Lake Company, Sour Lake, Tex .....	xi

# H. & T. C. R. R.

## Double Daily Trains.

Short and Quick Line Between  
North and South Texas . . . . .

## Buffet Sleeper to St. Louis and Denver.

*From Houston and Galveston,*

Leave GALVESTON .....	7:30 p.m.
" HOUSTON .....	10:20 p.m.

The H. & T. C. reaches Galveston, Houston, Brenham, Austin, Waco, Corsicana, Waxahachie, Fort Worth, Dallas, Plano, McKinney, Sherman and Denison, and gives first-class Service.

C. W. BEIN,  
Traffic Manager.

M. L. ROBBINS,  
Gen. Pass. & Tkt Agt.

HOUSTON, TEXAS.



## DR. CROFFORD'S SANITARIUM FOR DISEASES OF WOMEN, 155 Third St., Memphis, Tenn.

This Sanitarium is for the accommodation of women who are suffering from diseases peculiar to their sex, and whose physicians at home have not the facilities and inclination to treat. It is located in one of the most quiet and refined residence portions of the city, and is easily accessible by street cars. The building is constructed after the most approved methods of modern sanitary science. It is heated by the hot water system and thoroughly ventilated through an open shaft in the center.

Kind and skillful nurses in attendance day and night.

Physicians desiring to send their patients from home for treatment, may feel assured that everything possible will be done here to provide for their comfort and safety. For further information, address,

T. J. CROFFORD, M. D.



# CONTENTS FOR MAY, 1897.

ORIGINAL COMMUNICATIONS.	PAGE.
The First Stage of Labor: By H. Leaman, M. D., Philadelphia, Pa. ....	133
Rectal Stricture: By R. W. Knox, M. D., Houston, Texas.....	138
Some Facts and Theories About the Present Status of Serum Therapy: By S. C. Red, M. D., Houston, Texas.....	145
Precaution for Extraction of Cataract and Other Eye Operations: By a Competitor for Yale Surgical and Gynaecological Chair....	149

## EDITORIAL.

Medical Kodak .....	155
Of Interest to Medical Students .....	157
The Fifty-cent Hospitals .....	158

## SOCIETY PROCEEDINGS.

State Medical Society Skiagraphs.....	159
South Texas Medical Association.....	163
Brazos Valley Medical Association .....	163
Southeast Texas Medical Society .....	165
Semi-Centennial of the American Medical Association .....	165
Twelfth International Medical Congress .....	166
NEWS AND MISCELLANY .....	167

## INDEX TO ADVERTISEMENTS.

	PAGE.
Canton Surgical and Dental Chair Co., Canton, Ohio.....	Cover
Crofford, Dr. T. J., Sanitarium, Memphis, Tenn .....	vi
Empire Mfg Co., Lockport, N. Y., Trusses, Supporters, Bandages, etc .....	Inside Back Cover
Fort Worth Medical College, Fort Worth.....	vii
Heyer, Geo. W., Druggist, Houston .....	iii
H. & T. C. R. R.....	vi
Monarch Cycle Mfg Co., Chicago, Ill .....	ix
Nurse's Home, Houston.....	iii
Oak Lawn, Jacksonville, Ill .....	Inside Front Cover
Parry Manufacturing Co., Buggies, Indianapolis, Ind.....	iv
Scientific American, N. Y. ....	viii
Sour Lake Company, Sour Lake, Tex .....	xi

# H. & T. C. R. R.

## Double Daily Trains.

Short and Quick Line Between  
North and South Texas . . . . .

## Buffet Sleeper to St. Louis and Denver.

*From Houston and Galveston,*

Leave GALVESTON ..... 7:30 p.m.  
" HOUSTON ..... 10:20 p.m.

The H. & T. C. reaches Galveston, Houston, Brenham, Austin, Waco, Corsicana, Waxahachie, Fort Worth, Dallas, Plano, McKinney, Sherman and Denison, and gives first-class service.

C. W. BEIN,  
Traffic Manager.

M. L. ROBBINS,  
Gen. Pass. & Tkt Agt.

HOUSTON, TEXAS.



## DR. CROFFORD'S SANITARIUM FOR DISEASES OF WOMEN, 155 Third St., Memphis, Tenn.

This Sanitarium is for the accommodation of women who are suffering from diseases peculiar to their sex, and whose physicians at home have not the facilities and inclination to treat. It is located in one of the most quiet and refined residence portions of the city, and is easily accessible by street cars. The building is constructed after the most approved methods of modern sanitary science. It is heated by the hot water system and thoroughly ventilated through an open shaft in the center.

Kind and skillful nurses in attendance day and night.

Physicians desiring to send their patients from home for treatment, may feel assured that everything possible will be done here to provide for their comfort and safety. For further information, address,

T. J. CROFFORD, M. D.

# CONTENTS FOR JUNE, 1897.

ORIGINAL COMMUNICATIONS.	PAGE.
The Treatment of Typhoid Fever—Radical (a): By F. B. King, M. D., Houston, Texas .....	171
Placenta Previa: By W. Olive, M. D., Houston, Texas .....	176
Fever: By a Competitor for Yale Surgical and Gynecological Chair .....	178

## EDITORIAL.

Unjust Taxation .....	183
A Critic Criticised .....	184
South Texas Medical Association .....	186

## COMMUNICATIONS.

Comanche Quackery .....	188
-------------------------	-----

## OTHER JOURNALS.

Modern Surgery in Rectal Cancer .....	190
Asexualization for Crime .....	191
Epilepsy .....	192
Morphine Chloride in Poisoning by Potassium Cyanide .....	193
How to Rest .....	193
ABSTRACTS .....	193
NEWS AND MISCELLANY .....	194
POETRY .....	199
BOOK REVIEW .....	200
REPRINTS, PAMPHLETS, Etc. ....	200
PUBLISHER'S NOTES .....	201

## INDEX TO ADVERTISEMENTS.

	PAGE
Canton Surgical and Dental Chair Co., Canton, Ohio ..	Cover
Carle, John & Sons, Imperial Granum Food, New York .....	vi
Crofford, Dr. T. J., Sanitarium, Memphis, Tenn .....	iv
Empire Mfg Co., Lockport, N. Y., Trusses, Supporters, Ban- dages, etc .....	Inside Back Cover
Fort Worth Medical College, Fort Worth .....	vii
Heyer, Geo. W., Druggist, Houston .....	iii
H. & T. C. R. R .....	iv
Marion-Sims College, St. Louis .....	viii
Mosehart & Keller, Carriage Makers, Houston .....	iii
Oak Lawn, Jacksonville, Ill .....	Inside Front Cover
Richards, C. H., Druggist, Houston .....	iii
Sour Lake Company, Sour Lake, Tex .....	viii

"WELL PREPARED" "NUTRITIOUS" "EASILY DIGESTED!"  
HIGHEST AWARDS WHEREVER EXHIBITED

THE WORLD'S COLUMBIAN  
COMMISSION.

# IMPERIAL GRANUM

THIS  
STANDARD PREPARED

# FOOD

IS EARNESTLY RECOMMENDED as a most reliable FOOD for INFANTS, CHILDREN and Nursing-Mothers;—for INVALIDS and Convalescents;—for Delicate, Infirm and AGED persons. It is not a stimulant nor a chemical preparation; but a PURE, unsweetened FOOD carefully prepared from the finest growths of wheat, ON WHICH PHYSICIANS CAN DEPEND in FEVERS and in ALL GASTRIC and ENTERIC DISEASES. It is easily digested, nourishing and strengthening, assists nature, never interferes with the action of the medicines prescribed, and IS OFTEN THE ONLY FOOD THE STOMACH CAN RETAIN.

IMPERIAL GRANUM is my sheet anchor in Typhoid Fever!

— M.D., Erie, Pa.

I have used it in my practice for over twenty years.

— M.D., Pottsville, Pa.

I find the IMPERIAL GRANUM all that is claimed for it.

— M.D., Memphis, Tenn.

I most cheerfully recommend the IMPERIAL GRANUM,

— M.D., Brooklyn, N. Y.

I use the IMPERIAL GRANUM myself when not feeling quite up to the standard.

— M.D., Cleveland, Ohio.

I have found it a most satisfactory food product.

— M.D., Batavia, Ills.

SEEMS TO HOLD FIRST PLACE IN THE ESTIMATION OF MEDICAL OBSERVERS.—*"The Feeding of Infants," in the New York Medical Record.*

A good and well made powder of pleasant flavour. CONTAINS NO TRACE OF ANY IMPURITY.—*The Lancet, London, Eng.*

A valuable aid to the physician in the treatment of all the graver forms of gastric and enteric diseases.—*The Prescription.*

As a food for patients recovering from shock attending surgical operations IMPERIAL GRANUM stands pre-eminent.—*The International Journal of Surgery, N.Y.*

Especially valuable in fevers, and often the only food the stomach will tolerate.—*Dominion Medical Monthly, Toronto.*

IMPERIAL GRANUM is acceptable to the palate and also to the most delicate stomach at all periods of life.—*Annual of the Universal Medical Sciences, Phila., Pa.*

Recommended by the best medical authorities.—*North American Practitioner, Chicago.*

It has a high reputation as a food for children as well as adults—in fact we have used it successfully with children from birth.—*The Post Graduate Journal.*

Palatable and easily assimilated, most desirable qualities in such a preparation.—*The Trained Nurse.*

'Physician's-samples' sent free, express paid, to any physician—or as he may direct. JOHN CARLE & SONS, Wholesale Druggists, 153 Water Street, NEW YORK.



# CONTENTS FOR JULY, 1897.

ORIGINAL COMMUNICATIONS.	PAGE.
Causes and Treatment of the Accidents of Anaesthesia: By E. B. Jackson, M. D., Houston, Texas.....	203
Chronic Cystitis: Its Pathology and Treatment: By J. M. Blair, M. D., Houston, Texas.....	210
Radical Cure for Hernia: By a Competitor for the Yale Surgical Gynecological Chair.....	213

## EDITORIAL.

"Fiat Justitia Ruat Coleum".....	217
Medical Quackery.....	219
University Appointment.....	220
CORRESPONDENCE.....	221
SOCIETY PROCEEDINGS.....	223
OTHER JOURNALS.....	227
NEWS AND MISCELLANY.....	228
BOOK REVIEW.....	231
REPRINTS, PAMPHLETS, Etc. ....	233
PUBLISHER'S NOTES.....	233

## INDEX TO ADVERTISEMENTS.

	PAGE
Canton Surgical and Dental Chair Co., Canton, Ohio.....	Cover
Carle, John & Sons, Imperial Granum Food, New York .....	vi
Crofford, Dr. T. J., Sanitarium, Memphis, Tenn .....	iv
Empire Mfg Co., Lockport, N. Y., Trusses, Supporters, Bandages, etc .....	Inside Back Cover
Fort Worth Medical College, Fort Worth .....	vii
Heyer, Geo. W., Druggist, Houston .....	iii
H. & T. C. R. R .....	iv
Marion-Sims College, St. Louis .....	viii
Mosehart & Keller, Carriage Makers, Houston .....	iii
Oak Lawn, Jacksonville, Ill .....	Inside Front Cover
Richards, C. H., Druggist, Houston .....	iii
Sour Lake Company, Sour Lake, Tex .....	viii

"WELL PREPARED" NUTRITIOUS" EASILY DIGESTED!"  
HIGHEST AWARDS WHEREVER EXHIBITED

THE WORLD'S COLUMBIAN  
COMMISSION.

# IMPERIAL GRANUM

THIS  
STANDARD PREPARED

# FOOD

IS EARNESTLY RECOMMENDED as a most reliable FOOD for INFANTS, CHILDREN and Nursing-Mothers;—for INVALIDS and Convalescents;—for Delicate, Infirm and AGED persons. It is not a stimulant nor a chemical preparation; but a PURE, unsweetened FOOD carefully prepared from the finest growths of wheat, ON WHICH PHYSICIANS CAN DEPEND in FEVERS and in ALL GASTRIC and ENTERIC DISEASES. It is easily digested, nourishing and strengthening, assists nature, never interferes with the action of the medicines prescribed, and IS OFTEN THE ONLY FOOD THE STOMACH CAN RETAIN.

IMPERIAL GRANUM is my sheet anchor in Typhoid Fever!

— M.D., Erie, Pa.

I have used it in my practice for over twenty years.

— M.D., Pottsville, Pa.

I find the IMPERIAL GRANUM all that is claimed for it.

— M.D., Memphis, Tenn.

I most cheerfully recommend the IMPERIAL GRANUM,

— M.D., Brooklyn, N. Y.

I use the IMPERIAL GRANUM myself when not feeling quite up to the standard.

— M.D., Cleveland, Ohio.

I have found it a most satisfactory food product.

— M.D., Batavia, Ills.

SEEMS TO HOLD FIRST PLACE IN THE ESTIMATION OF MEDICAL OBSERVERS.—*"The Feeding of Infants," in the New York Medical Record.*

A good and well made powder of pleasant flavour. CONTAINS NO TRACE OF ANY IMPURITY.—*The Lancet, London, Eng.*

A valuable aid to the physician in the treatment of all the graver forms of gastric and enteric diseases.—*The Prescription.*

As a food for patients recovering from shock attending surgical operations IMPERIAL GRANUM stands pre-eminent.—*The International Journal of Surgery, N.Y.*

Especially valuable in fevers, and often the only food the stomach will tolerate.—*Domitian Medical Monthly, Toronto.*

IMPERIAL GRANUM is acceptable to the palate and also to the most delicate stomach at all periods of life.—*Annual of the Universal Medical Sciences, Phila., Pa.*

Recommended by the best medical authorities.—*North American Practitioner, Chicago.*

It has a high reputation as a food for children as well as adults—in fact we have used it successfully with children from birth.—*The Post Graduate Journal.*

Palatable and easily assimilated, most desirable qualities in such a preparation.—*The Trained Nurse.*

'Physician's-samples' sent free, express paid, to any physician—or as he may direct. JOHN CARLE & SONS, Wholesale Druggists, 153 Water Street, NEW YORK.

# CONTENTS FOR AUGUST, 1897.

ORIGINAL COMMUNICATIONS.	PAGE.
Eczema: By R. W. Nobles, M. D., Temple, Texas .....	235
A study of the White Blood Corpuscles and the Active Principle of their Nuclei (Neuclein) and its Employment in Tuberculo- sis: By a Competitor for the Yale Surgical and Gynecologi- cal Chair .....	241
EDITORIAL.	
A Post-Graduate School at Dallas .....	253
Defeat of the Association Bill and Passage of Occupation Tax on Physicians and Surgeons .....	255
REPORTS OF CASES.	
An Unusual Case of Amaurosis: By S .C. Red, M. D., Houston, Texas .....	257
COMMUNICATIONS .....	258
SOCIETY PROCEEDINGS .....	258
OTHER JOURNALS .....	259
NEWS AND MISCELLANY .....	261
BOOK REVIEW .....	264
PUBLISHER'S NOTES .....	266

## INDEX TO ADVERTISEMENTS.

	PAGE
Canton Surgical and Dental Chair Co., Canton, Ohio .....	Cover
Carle, John & Sons, Imperial Granum Food, New York .....	vi
Crofford, Dr. T. J., Sanitarium, Memphis, Tenn .....	iv
Empire Mfg Co., Lockport, N. Y., Trusses, Supporters, Ban- dages, etc .....	Inside Back Cover
Fort Worth Medical College, Fort Worth .....	vii
Heyer, Geo. W., Druggist, Houston .....	iii
H. & T. C. R. R .....	iv
Marion-Sims College, St. Louis .....	viii
Mosehart & Keller, Carriage Makers, Houston .....	iii
Richards, C. H., Druggist, Houston .....	iii
Sour Lake Company, Sour Lake, Tex .....	viii

"WELL PREPARED" NUTRITIOUS "EASILY DIGESTED!"  
HIGHEST AWARDS WHEREVER EXHIBITED

THE WORLD'S COLUMBIAN  
COMMISSION.

# IMPERIAL GRANUM

THIS  
STANDARD PREPARED

# FOOD

IS EARNESTLY RECOMMENDED as a most reliable FOOD for INFANTS, CHILDREN and Nursing-Mothers;—for INVALIDS and Convalescents;—for Delicate, Infirm and AGED persons. It is not a stimulant nor a chemical preparation; but a PURE, unsweetened FOOD carefully prepared from the finest growths of wheat, ON WHICH PHYSICIANS CAN DEPEND in FEVERS and in ALL GASTRIC and ENTERIC DISEASES. It is easily digested, nourishing and strengthening, assists nature, never interferes with the action of the medicines prescribed, and IS OFTEN THE ONLY FOOD THE STOMACH CAN RETAIN.

IMPERIAL GRANUM is my sheet anchor in Typhoid Fever!

— M.D., Erie, Pa.

I have used it in my practice for over twenty years.

— M.D., Pottsville, Pa.

I find the IMPERIAL GRANUM all that is claimed for it.

— M.D., Memphis, Tenn.

I most cheerfully recommend the IMPERIAL GRANUM,

— M.D., Brooklyn, N. Y.

I use the IMPERIAL GRANUM myself when not feeling quite up to the standard.

— M.D., Cleveland, Ohio.

I have found it a most satisfactory food product.

— M.D., Batavia, Ills.

SEEMS TO HOLD FIRST PLACE IN THE ESTIMATION OF MEDICAL OBSERVERS.—*"The Feeding of Infants," in the New York Medical Record.*

A good and well made powder of pleasant flavour. CONTAINS NO TRACE OF ANY IMPURITY.—*The Lancet, London, Eng.*

A valuable aid to the physician in the treatment of all the graver forms of gastric and enteric diseases.—*The Prescription.*

As a food for patients recovering from shock attending surgical operations IMPERIAL GRANUM stands pre-eminent.—*The International Journal of Surgery, N.Y.*

Especially valuable in fevers, and often the only food the stomach will tolerate.—*Dominion Medical Monthly, Toronto.*

IMPERIAL GRANUM is acceptable to the palate and also to the most delicate stomach at all periods of life.—*Annual of the Universal Medical Sciences, Phila., Pa.*

Recommended by the best medical authorities.—*North American Practitioner, Chicago.*

It has a high reputation as a food for children as well as adults—in fact we have used it successfully with children from birth.—*The Post Graduate Journal.*

Palatable and easily assimilated, most desirable qualities in such a preparation.—*The Trained Nurse.*

'Physician's-samples' sent free, express paid, to any physician—or as he may direct. JOHN CARLE & SONS, Wholesale Druggists, 153 Water Street, NEW YORK.

# CONTENTS FOR SEPTEMBER, 1897.

## ORIGINAL COMMUNICATIONS.

Contra-Indications to the Use of Coal-Tar-Derivatives: By B. F. Calhoun, M. D., Beaumont, Texas.....	268
Ligations of the Common Carotid: By Robert T. Morris, M. D., Houston, Texas .....	270
Correlation of Nerve and Medicinal Action: By a Competitor for the Yale Surgical and Gynecological Chair .....	279

## REPORTS OF CASES.

A Case of Renal Calculi: By J. W. Scott, M. D., Houston, Texas	283
--	-----

## EDITORIAL.

Too Great a Supply.....	285
Vacant Chairs in the Medical Department of the State University	287

## OTHER JOURNALS.

Diet After Weaning .....	288
Who Shall Administer Anesthetics .....	292
Haschisch as a cause of Insanity.....	293
NEWS AND MISCELLANY .....	295
PUBLISHER'S NOTES .....	298

## INDEX TO ADVERTISEMENTS.

	PAGE
Canton Surgical and Dental Chair Co., Canton, Ohio.....	Cover
Carle, John & Sons, Imperial Granum Food, New York .....	vi
Crofford, Dr. T. J., Sanitarium, Memphis, Tenn .....	iv
Empire Mfg Co., Lockport, N. Y., Trusses, Supporters, Bandages, etc .....	Inside Back Cover
Fort Worth Medical College, Fort Worth.....	vii
Heyer, Geo. W., Druggist, Houston .....	iii
H. & T. C. R. R .....	iv
Marion-Sims College, St. Louis.....	viii
Mosehart & Keller, Carriage Makers, Houston .....	iii
Richards, C. H., Druggist, Houston.....	iii
Sour Lake Company, Sour Lake, Tex .....	viii



"WELL PREPARED" NUTRITIOUS" EASILY DIGESTED"

HIGHEST AWARDS  
WHEREVER EXHIBITED

THE WORLD'S COLUMBIAN  
COMMISSION.

# IMPERIAL GRANUM

THIS  
STANDARD PREPARED

# FOOD

IS EARNESTLY RECOMMENDED as a most reliable FOOD for INFANTS, CHILDREN and Nursing-Mothers;—for INVALIDS and Convalescents;—for Delicate, Infirm and AGED persons. It is not a stimulant nor a chemical preparation; but a PURE, unsweetened FOOD carefully prepared from the finest growths of wheat, ON WHICH PHYSICIANS CAN DEPEND in FEVERS and in ALL GASTRIC and ENTERIC DISEASES. It is easily digested, nourishing and strengthening, assists nature, never interferes with the action of the medicines prescribed, and IS OFTEN THE ONLY FOOD THE STOMACH CAN RETAIN.

IMPERIAL GRANUM is my sheet anchor in Typhoid Fever!

— M.D., Erie, Pa.

I have used it in my practice for over twenty years.

— M.D., Pottsville, Pa.

I find the IMPERIAL GRANUM all that is claimed for it.

— M.D., Memphis, Tenn.

I most cheerfully recommend the IMPERIAL GRANUM,

— M.D., Brooklyn, N. Y.

I use the IMPERIAL GRANUM myself when not feeling quite up to the standard.

— M.D., Cleveland, Ohio.

I have found it a most satisfactory food product.

— M.D., Batavia, Ills.

SEEMS TO HOLD FIRST PLACE IN THE ESTIMATION OF MEDICAL OBSERVERS.—*The Feeding of Infants*, in the *New York Medical Record*.

A good and well made powder of pleasant flavour. CONTAINS NO TRACE OF ANY IMPURITY.—*The Lancet*, London, Eng.

A valuable aid to the physician in the treatment of all the graver forms of gastric and enteric diseases.—*The Prescription*.

As a food for patients recovering from shock attending surgical operations IMPERIAL GRANUM stands pre-eminent.—*The International Journal of Surgery*, N.Y.

Especially valuable in fevers, and often the only food the stomach will tolerate.—*Dominion Medical Monthly*, Toronto.

IMPERIAL GRANUM is acceptable to the palate and also to the most delicate stomach at all periods of life.—*Annual of the Universal Medical Sciences*, Phila., Pa.

Recommended by the best medical authorities.—*North American Practitioner*, Chicago.

It has a high reputation as a food for children as well as adults—in fact we have used it successfully with children from birth.—*The Post Graduate Journal*.

Palatable and easily assimilated, most desirable qualities in such a preparation.—*The Trained Nurse*.

'Physician's-samples' sent free, express paid, to any physician—or as he may direct. JOHN CARLE & SONS, Wholesale Druggists, 153 Water Street, NEW YORK.

# CONTENTS FOR OCTOBER, 1897.

## ORIGINAL COMMUNICATIONS.

Third Stage of Labor and its Sequelæ: By B. F. Watkins, M. D., Bryan, Texas .....	299
Lifromata: By Sofie Herzog, M. D., Brazoria, Texas.....	306
Is Malaria a Pathogenic Factor in Disease: By a Competitor for the Yale Surgical and Gynecological Chair.....	306

## REPORTS OF CASES.

Treatment of Epithelioma by Virus of the Living Cultures and Toxines of Erysipelas: By R. W. Knox, A. M., M. D., Hous- ton, Texas.....	311
--	-----

## EDITORIAL.

The Epidemic of Dengue as it Appears in Houston .....	313
New Professor of Practice in the Medical Department of the State University of Texas.....	315
The Sanitary and Health Condition of Houston with Special Ref- erence to the Epidemic of Yellow Fever.....	316

CORRESPONDENCE .....	317
SOCIETY PROCEEDINGS .....	318
HOUSTON'S SUSPICIOUS CASE .....	320
NEWS AND MISCELLANY .....	325
PUBLISHER'S NOTES .....	330

## INDEX TO ADVERTISEMENTS.

	PAGE
Canton Surgical and Dental Chair Co., Canton, Ohio. ....	Cover
Carle, John & Sons, Imperial Granum Food, New York.....	vi
Crofford, Dr. T. J., Sanitarium, Memphis, Tenn. ....	iv
Empire Mfg Co., Lockport, N. Y., Trusses, Supporters, Ban- dages, etc. ....	Inside Back Cover
Fort Worth Medical College, Fort Worth .....	vii
H. & T. C. R. R. ....	iv
Marion-Sims College, St. Louis .....	viii
Mosehart & Keller, Carriage Makers, Houston .....	iii
Richards, C. H., Druggist, Houston .....	iii
Sour Lake Company, Sour Lake, Tex. ....	viii

"WELL PREPARED" NUTRITIOUS" EASILY DIGESTED!"  
HIGHEST AWARDS  
WHEREVER EXHIBITED

THE WORLD'S COLUMBIAN  
COMMISSION.

# IMPERIAL GRANUM

THIS  
STANDARD PREPARED

# FOOD

IS EARNESTLY RECOMMENDED as a most reliable FOOD for INFANTS, CHILDREN and Nursing-Mothers;—for INVALIDS and Convalescents;—for Delicate, Infirm and AGED persons. It is not a stimulant nor a chemical preparation; but a PURE, unsweetened FOOD carefully prepared from the finest growths of wheat, ON WHICH PHYSICIANS CAN DEPEND in FEVERS and in ALL GASTRIC and ENTERIC DISEASES. It is easily digested, nourishing and strengthening, assists nature, never interferes with the action of the medicines prescribed, and IS OFTEN THE ONLY FOOD THE STOMACH CAN RETAIN.

IMPERIAL GRANUM is my sheet anchor in Typhoid Fever!

— M.D., Erie, Pa.

I have used it in my practice for over twenty years.

— M.D., Pottsville, Pa.

I find the IMPERIAL GRANUM all that is claimed for it.

— M.D., Memphis, Tenn.

I most cheerfully recommend the IMPERIAL GRANUM,

— M.D., Brooklyn, N. Y.

I use the IMPERIAL GRANUM myself when not feeling quite up to the standard.

— M.D., Cleveland, Ohio.

I have found it a most satisfactory food product.

— M.D., Batavia, Ills.

SEEMS TO HOLD FIRST PLACE IN THE ESTIMATION OF MEDICAL OBSERVERS.—"The Feeding of Infants," in the *New York Medical Record*.

A good and well made powder of pleasant flavour. CONTAINS NO TRACE OF ANY IMPURITY.—*The Lancet, London, Eng.*

A valuable aid to the physician in the treatment of all the graver forms of gastric and enteric diseases.—*The Prescription*.

As a food for patients recovering from shock attending surgical operations IMPERIAL GRANUM stands pre-eminent.—*The International Journal of Surgery, N.Y.*

Especially valuable in fevers, and often the only food the stomach will tolerate.—*Dominion Medical Monthly, Toronto*.

IMPERIAL GRANUM is acceptable to the palate and also to the most delicate stomach at all periods of life.—*Annual of the Universal Medical Sciences, Phila., Pa.*

Recommended by the best medical authorities.—*North American Practitioner, Chicago*.

It has a high reputation as a food for children as well as adults—in fact we have used it successfully with children from birth.—*The Post Graduate Journal*.

Palatable and easily assimilated, most desirable qualities in such a preparation.—*The Trained Nurse*.

'Physician's=samples' sent free, express paid, to any physician—or as he may direct. JOHN CARLE & SONS, Wholesale Druggists, 153 Water Street, NEW YORK.

# CONTENTS FOR NOVEMBER, 1897.

## ORIGINAL COMMUNICATIONS.

Membranous Laryngitis, or True Croup: By J. P. Oliver, M. D., Caldwell, Texas .....	331
LaGrippe: By W. W. McDonold, M. D., Easterly, Texas ..	339
Surgical Treatment of Abscess of Liver: By a Competitor for the Yale Surgical and Gynecological Chair.....	345

## EDITORIAL.

Dr. A. N. Bell on the Yellow Fever Outbreak .....	351
The Late Epidemic .....	354
Dr. John Guiteras on Trial .....	355
Dr. John Guiteras Views Upon Yellow Fever .....	357
SOCIETY PROCEEDINGS .....	359
FROM OTHER JOURNALS .....	361
NEWS AND MISCELLANY .....	363
PUBLISHER'S NOTES .....	366

## INDEX TO ADVERTISEMENTS.

	PAGE
Canton Surgical and Dental Chair Co., Canton, Ohio.....	Cover
Carle, John & Sons, Imperial Granum Food, New York .....	vi
Crofford, Dr. T. J., Sanitarium, Memphis, Tenn .....	iv
Cary, A. P., Dallas, Dental and Surgical Instruments.....	iii
Empire Mfg Co., Lockport, N. Y., Trusses, Supporters, Ban- dages, etc .....	Inside Back Cover
Fort Worth Medical College, Fort Worth .....	vii
H. & T. C. R. R .....	iv
Marion-Sims College, St. Louis .....	viii
Mosehart & Keller, Carriage Makers, Houston .....	iii
Richards, C. H., Druggist, Houston .....	iii
Sour Lake Company, Sour Lake, Tex .....	viii

"WELL PREPARED" NUTRITIOUS "EASILY DIGESTED!"

HIGHEST AWARDS  
WHEREVER EXHIBITED

THE WORLD'S COLUMBIAN  
COMMISSION.

# IMPERIAL GRANUM

THIS  
STANDARD PREPARED

# FOOD

IS EARNESTLY RECOMMENDED as a most reliable FOOD for INFANTS, CHILDREN and Nursing-Mothers; for INVALIDS and Convalescents;—for Delicate, Infirm and AGED persons. It is not a stimulant nor a chemical preparation; but a PURE, unsweetened FOOD carefully prepared from the finest growths of wheat, ON WHICH PHYSICIANS CAN DEPEND in FEVERS and in ALL GASTRIC and ENTERIC DISEASES. It is easily digested, nourishing and strengthening, assists nature, never interferes with the action of the medicines prescribed, and IS OFTEN THE ONLY FOOD THE STOMACH CAN RETAIN.

IMPERIAL GRANUM is my sheet anchor in Typhoid Fever!

— M.D., Erie, Pa.

I have used it in my practice for over twenty years.

— M.D., Pottsville, Pa.

I find the IMPERIAL GRANUM all that is claimed for it.

— M.D., Memphis, Tenn.

I most cheerfully recommend the IMPERIAL GRANUM,

— M.D., Brooklyn, N. Y.

I use the IMPERIAL GRANUM myself when not feeling quite up to the standard.

— M.D., Cleveland, Ohio.

I have found it a most satisfactory food product.

— M.D., Batavia, Ills.

SEEMS TO HOLD FIRST PLACE IN THE ESTIMATION OF MEDICAL OBSERVERS.—*The Feeding of Infants*, in the *New York Medical Record*.

A good and well made powder of pleasant flavour. CONTAINS NO TRACE OF ANY IMPURITY.—*The Lancet*, London, Eng.

A valuable aid to the physician in the treatment of all the graver forms of gastric and enteric diseases.—*The Prescription*.

As a food for patients recovering from shock attending surgical operations IMPERIAL GRANUM stands pre-eminent.—*The International Journal of Surgery*, N.Y.

Especially valuable in fevers, and often the only food the stomach will tolerate.—*Dominion Medical Monthly*, Toronto.

IMPERIAL GRANUM is acceptable to the palate and also to the most delicate stomach at all periods of life.—*Annual of the Universal Medical Sciences*, Phila., Pa.

Recommended by the best medical authorities.—*North American Practitioner*, Chicago.

It has a high reputation as a food for children as well as adults—in fact we have used it successfully with children from birth.—*The Post Graduate Journal*.

Palatable and easily assimilated, most desirable qualities in such a preparation.—*The Trained Nurse*.

'Physician's-samples' sent free, express paid, to any physician—or as he may direct. JOHN CARLE & SONS, Wholesale Druggists, 153 Water Street, NEW YORK.



# CONTENTS FOR DECEMBER, 1897.

## ORIGINAL COMMUNICATIONS.

The Growing Need of Medical Political Organization: By John Punton, M. D., Kansas City, Mo. . . . .	367
Dengue Fever: By a Competitor for the Yale Surgical and Gynecological Chair . . . . .	377

## EDITORIAL.

Dengue or Yellow Fever? . . . . .	379
Are Dengue and Yellow Fever one and the same Disease? . . . . .	386
A Recent Illinois Decision . . . . .	389
Mercury as Used in Yellow Fever One Hundred Years Ago . . . . .	390

## CORRESPONDENCE.

To the Medical Profession, Urging Medical Legislation . . . . .	391
Dengue Epidemic in Houston—Report of Dr. D. F. Stuart, President Board of Health . . . . .	394
Resolution Condemning Tax on Physicians . . . . .	398
Concerning "Eva Duncans" Case . . . . .	400

SOCIETY PROCEEDINGS . . . . .	401
NEWS AND MISCELLANY . . . . .	404
PUBLISHER'S NOTES . . . . .	406

## INDEX TO ADVERTISEMENTS.

	PAGE
Canton Surgical and Dental Chair Co., Canton, Ohio . . . . .	Cover
Carle, John & Sons, Imperial Granum Food, New York . . . . .	vi
Crofford, Dr. T. J., Sanitarium, Memphis, Tenn . . . . .	iv
Cary, A. P., Dallas, Dental and Surgical Instruments . . . . .	iii
Empire Mfg Co., Lockport, N. Y., Trusses, Supporters, Bandages, etc. . . . .	Inside Back Cover
Fort Worth Medical College, Fort Worth . . . . .	vii
H. & T. C. R. R. . . . .	iv
Marion-Sims College, St. Louis . . . . .	viii
Mosehart & Keller, Carriage Makers, Houston . . . . .	iii
Richards, C. H., Druggist, Houston . . . . .	iii
Sour Lake Company, Sour Lake, Tex . . . . .	viii

"WELL PREPARED" "NUTRITIOUS" "EASILY DIGESTED!"  
HIGHEST AWARDS WHEREVER EXHIBITED

THE WORLD'S COLUMBIAN  
COMMISSION.

# IMPERIAL GRANUM

THIS  
STANDARD PREPARED

# FOOD

IS EARNESTLY RECOMMENDED as a most reliable FOOD for INFANTS, CHILDREN and Nursing-Mothers;—for INVALIDS and Convalescents;—for Delicate, Infirm and AGED persons. It is not a stimulant nor a chemical preparation; but a PURE, unsweetened FOOD carefully prepared from the finest growths of wheat, ON WHICH PHYSICIANS CAN DEPEND in FEVERS and in ALL GASTRIC and ENTERIC DISEASES. It is easily digested, nourishing and strengthening, assists nature, never interferes with the action of the medicines prescribed, and IS OFTEN THE ONLY FOOD THE STOMACH CAN RETAIN.

IMPERIAL GRANUM is my sheet anchor in Typhoid Fever!

— M.D., Erie, Pa.

I have used it in my practice for over twenty years.

— M.D., Pottsville, Pa.

I find the IMPERIAL GRANUM all that is claimed for it.

— M.D., Memphis, Tenn.

I most cheerfully recommend the IMPERIAL GRANUM,

— M.D., Brooklyn, N. Y.

I use the IMPERIAL GRANUM myself when not feeling quite up to the standard.

— M.D., Cleveland, Ohio.

I have found it a most satisfactory food product.

— M.D., Batavia, Ills.

SEEMS TO HOLD FIRST PLACE IN THE ESTIMATION OF MEDICAL OBSERVERS.—"The Feeding of Infants," in the *New York Medical Record*.

A good and well made powder of pleasant flavour. CONTAINS NO TRACE OF ANY IMPURITY.—*The Lancet, London, Eng.*

A valuable aid to the physician in the treatment of all the graver forms of gastric and enteric diseases.—*The Prescription*.

As a food for patients recovering from shock attending surgical operations IMPERIAL GRANUM stands pre-eminent.—*The International Journal of Surgery, N.Y.*

Especially valuable in fevers, and often the only food the stomach will tolerate.—*Dominion Medical Monthly, Toronto*.

IMPERIAL GRANUM is acceptable to the palate and also to the most delicate stomach at all periods of life.—*Annual of the Universal Medical Sciences, Phila., Pa.*

Recommended by the best medical authorities.—*North American Practitioner, Chicago*.

It has a high reputation as a food for children as well as adults—in fact we have used it successfully with children from birth.—*The Post Graduate Journal*.

Palatable and easily assimilated, most desirable qualities in such a preparation.—*The Trained Nurse*.

'Physician's-samples' sent free, express paid, to any physician—or as he may direct. JOHN CARLE & SONS, Wholesale Druggists, 153 Water Street, NEW YORK.

# *Southwestern Medical Record.*

A MONTHLY JOURNAL OF PRACTICAL MEDICINE AND SURGERY.

---

VOL. II.

JANUARY, 1897.

No. 1.

---

## ORIGINAL COMMUNICATIONS.

### **Atrophy of the Female Genitals.**

BY BYRON ROBINSON, B. S., M. D., Professor of Gynecology in the Post-Graduate School of Chicago, Ill.

During the past ten years, while pursuing the special field of gyneecologic practice, I have frequently examined women who have atrophied, shrunken, abnormally small genital organs. I do not merely refer to a portion of the organs being small as in particular cases, but to a general smallness or atrophy. The female genitals before the age of puberty are so little examined and even so little studied that I shall not enter into that field in this short article.

At the period of puberty there is simply a change in the genitals by which they receive a large amount of blood, they become hyperæmic and take on a rapid growth; in other words, they are highly supplied with rich blood, which means rich food. They assume a function—menstruation—which demands a high though exasperated blood supply and a complete delicate nerve balance. This high blood supply ush-

ers in a new function—reproduction. Now, in its broadest sense, atrophy either means arrested growth or a shrinkage—atrophy after a natural or normal growth. In the first place, we must inquire why the organs do not normally grow in every case alike. To be short, we may say that the two chief causes are inflammatory processes and tuberculosis. Many minor ailments arise to produce atrophy, but we will make a few remarks on the two main factors.

I. Inflammation is the great and chief cause of female genital atrophy. But it is asked, how does it come about that young girls acquire inflammation? A pertinent and perhaps instructive question would be: How does a young boy or girl acquire nasal and laryngeal catarrh? There is some cause. Some localities furnish more subjects. The especial cause of nasal and laryngeal catarrh must lie in rapid irregular changes of moist and cold atmosphere. The sudden changes of temperature and moisture, or degrees in the atmosphere, is accountable for congestions and decongestions of the mucosa, subject to atmosphere exposure. In other words, congestions tell the tale of respiratory catarrhs. Now in the girl who assumes womanhood—menstruation—the natural condition of the genital mucosa is periodic congestion and decongestion. The genital mucosa is quiescent but an exceedingly short time. In nasal and laryngeal catarrh, at the times of congestion the mucosa doubtless breeds and nourishes germs into an existence which did not previously exist, and this very condition feeds on itself until an abnormal and persistent catarrhal condition of the respiratory mucosa exists.

In the young girl the periodic congestion swells the uterus both in its musculature and mucosa. The os gapes. It becomes patent and in the congested condition of the mucosa germs in kind and quality are produced which induce catarrhal conditions of the uterus, a periodic endometritis. Also when the os is open, any germs which may be existing in the vagina may gain access to the uterus through the open os. The periodic opening of the os, the opportunities for the entrance of infective germs and stagnation of secretions, all enhance the changes for endometritis. When an endometritis is fairly established it is certain that inflammatory condi-

tions will spread to the muscularis of the uterus. Now begins that peculiar insidious process known as sclerosis, or the deposit of white connective tissue. This white connective tissue deposit is the result of inflammation. It progresses slowly, crushing out one structure after another, or laming them beyond function. The white connective cells are deposited between glands and it gradually crushes out their functions and finally obliterates the glands themselves. Then the connective tissue cells are deposited in the inflamed uterine walls, especially in the vascular zone, and they multiply between the muscular fibres and gradually disappear from presence. The uterine wall becomes harder and harder, and on cutting the surface it appears pale, white and glistening. The uterus has atrophied and hardened from progressive chronic inflammation. This may happen at any age of life beyond the age of puberty. The cause of atrophy of the uterus in this condition is slow, progressive, chronic endometritis, followed by a slow, progressive chronic metritis, lasting over several years. I have treated personally cases of metritis lasting ten years. Chronic progressive sclerotic metritis is almost incurable. However, it may be remembered that though chronic metritis usually results in atrophy, it not infrequently results in persistent hypertrophy. Now the tubes and ovaries pass through the same condition to result in atrophy as the uterus. Again, often young women come to the clinic especially, also in the office, with one atrophied condition of the upper end of the vagina. The upper end of the vagina shares in the uterine atrophy. The vaginal vault contracts, shortens, smooths out and often blends or glides into the os so far as to belittle the distinction between os and vaginal vault. This is due to progressive inflammation, resulting in the deposit of white connective tissue. In dissecting the atrophied uterus, or even the hypertrophied uterus, from chronic inflammation, it is plain to observe that the deposit of connective tissue is abundant in the arterial wall. In fact, the white connective tissue deposit denominates the whole genital organs in atrophy. We cannot cure such patients. It is true, douches, tampons and electricity aid, but nothing cures but removal.

In the atrophied female genitals the menstrual function



gradually ceases, becomes very scanty and accompanied by pain and considerable disturbances, both bodily and mentally. It is my opinion that dysmenorrhœa depends on a metritis. Tubercular girls frequently appear in the clinic or offices with very small regular shaped uteri. These uteri have never become developed, they are simply small uteri, which never grew to adult size. At the menopause it is natural for the genitals to atrophy. The vulva and mons veneris lose their volume of fat. The vagina contracts, the uterus shrinks and becomes spongy and fibrous, the ovaries and tubes shrink very much. It is the natural cycle of life, the gradual, disappearance of functioning organs, the slow, but partial death of the individual.

There is another form of contraction or atrophy of the vulva and vagina, called kraurosis of the vulva. In this disease the tissue of the vagina and vulva gradually become transformed into predominating white connective tissue. The whole vulva assumes a sclerotic appearance, gradually narrowing its lumen. It is these atrophied uteri which are not reproductive. The possessor, human-nature-like, because they cannot bear a child are all the more anxious to have one, and pass around from one physician to another in vain hope of gaining their object. They finally become generally disgusted with doctors. Many of these atrophic uteri are called infantile uteri by the inexperienced, and treated and treated, tinkered and tinkered with. Unfortunately the treatment becomes a tinkering sort. The endometrium is painted with iodine, curetted, or some innocent or naive physician lauds electricity and dirty electrodes are introduced until a real purulent salpingitis follows six months after the electrodes have begun their infectious progress, and the last state of that woman was worse than the first. We also have genital atrophy following acute infectious diseases, as small-pox, scarlet fever and typhoid fever. Septicæmia may produce an atrophy and uterus may after septic puerperal fever undergo rapid hyperinvolution. I have frequently noted that a patient who has an atrophied uteri or an infantile uteri which debars her from child bearing is a wretched creature and she never ceases speculating on trying new physicians, especially if she be told that she cannot have a child. I have fre-

quently said in my experience, these patients with atrophic or infantile uteri are better off with them removed. They would be happier. But I never removed but one atrophic uteri in my life and that was a young prostitute about 18 years old. She is now well and fat. I must say in general, that we are not justified in removing atrophic or infantile uteri, as they do not distress the patient sufficient to demand it. The atrophic and infantile female genitals occupy a wide field still not yet well understood, and in which our therapeutics are quite futile and disappointing.

---

### **The Period of Lactation.**

#### **FIRST PAPER**

To compete for the Yale Surgical and Gynecological Chair offered by the SOUTHWESTERN MEDICAL RECORD, for good paper on some medical subject. See last cover page.

In the field of medicine, there is no subject of more importance than that of feeding in early infancy. The little human beings at this stage have not reached that development where they can withstand the many abuses so often heaped upon them by careless or ignorant mothers and incompetent nurses. "An ounce of prevention is worth a pound of cure." This is an old saw, but certainly a true one, and the prevention of disease in after life depends more or less on the strength and development of the organs of the body in early childhood.

Too much importance cannot be attached to the intelligent management of nutrition, and it becomes the duty of every physician who works in the domain of pediatrics, to study carefully the best means of the preservation of the little human beings from the perils surrounding their early existence.

We will divide infant feeding into three classes for discussion: (1) Maternal feeding; (2) Milk from the breast of a wet-nurse; (3) Bottle feeding.

After years of careful investigation and attempts to sub-

stitute a food, milk holds the fort as the only proper diet for a child during the first year of its life.

Science, as yet, has been unable to imitate good mothers' milk, and where no good reason exists why the child should not be nursed, it should be put to the breast. As soon as the mother has recovered sufficiently from the process of labor the child may be allowed to nurse. Milk is not secreted for the first two or three days, but the breast supplies a substance, known as colostrum, containing a laxative principle, which aids in the discharge of the meconium from the bowels, and fills its place in the economy. The practice of so many mothers to dose their children on sugar and water, thin gruel and various other substances, should be condemned as both useless and harmful.

The physician should make it a practice in every case to instruct the mother in the care of her child. She should have regular stated intervals for the child to nurse, and not allow too long a time at the breast. Dispel the idea held by so many persons, that the stomach of an infant fills the whole of the abdominal cavity, by giving them an idea of its size.

It is said that over-feeding kills more children than starvation, and it certainly is responsible for a large proportion of the ailments of early infancy, such as gastric catarrh and diarrhœa, especially in the hot summer when the fretfulness which is so often mistaken for hunger, may be due to thirst, too warm or too tight clothing, indigestion, etc. Holt says that less food is required during the warm weather, and that a greater quantity of water should be given. It is hard to impress mothers with the fact, that food should never be given for fretfulness merely, and we find they will persist in allowing their infants to suck for crossness, even when they have just vomited up their last meal. Every two hours between 5 a. m. and 10 p. m., with probably one nursing during the night is quite frequent enough to feed during the first six weeks, allowing fifteen or twenty minutes at the breast. As age advances lengthen the interval and allow longer time at each period.

An observing mother will soon learn the wants of her child by its actions, the character of the cry, and a careful

study of facial expression will save many a little stomach from ailments so common in children—the direct result of improper feeding.

A certain amount of muscular exercise is imperative and the child should be clad in loose but warm garments and placed on the bed so that it can have free use of its arms, legs and head. As soon as it begins to creep there will be no danger of lack of exercise, the danger will more likely be in exhaustion. While the mother is yet confined to the bed, a light and plentiful diet should be given. When she assumes her regular habits of life again, a diet not materially different from that she had been used to will generally be found to answer the best. There are no special kinds of food contraindicated which are within the bounds of a plain and nutritious diet. She should take her meal at regular intervals, with probably a glass of milk or cocoa between times. Milk, not sufficient to cause indigestion, should always be advised. The addition of special beverages, such as beer, malt or other stimulants may be given, guardedly, if requested, but no particular benefit will be derived from them at this period, more than the stimulating effect. The food of the nursing mother is, without doubt, closely allied with that supplied to her infant, and very often mothers are deprived of the very articles which will aid in the production of suitable milk, consequently, we must determine in each individual case, what food given the mother has the best effect on the nutrition of her child.

Exercise is an important factor in the changes which take place in the secretion of milk and should be encouraged as soon as the mother is able to be about. Regular hours should be set aside every day for walking in the open air, where the fresh atmosphere and sunlight will have their stimulating and beneficial effects.

During the nursing period, disturbances of lactation will very often be noticed. These should be carefully studied and corrected before injury is done to the digestion of the infant. Some of the causes are: The administration of drugs eliminated by the mammary gland; menstruation by altering the condition of the milk may give trouble. Pregnancy renders the milk poor in quality and the effect is

sometimes very marked. Mothers, as a rule, cannot do justice to a child at the breast and one "in utero" at the same time.

In some instances it may become necessary to practice early weaning, but be sure that the trouble, if in the woman, is not merely temporary, and also closely investigate to see if the fault may not be from some other source, probably in the child itself.

The best time to take a baby from the breast has been, and is still, a subject of much difference of opinion. Certainly many of them are deprived of their natural food very early on insufficient grounds, and by this means increasing the mortality rate in young children. As a rule the proper time to wean is about the tenth or twelfth month. At this time the saliva is increased in quantity and quality; the pancreatic juice obtains its active principles and the digestion of other foods such as starch in conjunction with good fresh cows' milk seems to be more agreeable than breast milk. Unless sudden removal from the breast becomes an absolute necessity, a gradual change will give better results. At first imitate the mother's milk as nearly as possible and gradually increase the intervals between the nursing periods, substituting the artificial food, until withdrawal from the breast can be accomplished with safety.

Mothers whose walks in life make it impossible to give proper attention to their children, who are suffering from some severe nervous prostration, who are afflicted by some disease capable of transmission to their offspring, and who are physically unable, should not attempt to nurse their infants. It will be better for them to adopt some other plan of feeding.

When for any reason it is impossible or inadvisable for the mother to nurse her child, some other food must be substituted. The question as to whether a wet nurse will be secured is one of the greatest importance, and should only be decided after careful deliberation. If this course of substitution is adopted a very careful selection of a nurse must be made. Her general health must be good, and her child should be of about the same age as the one she is to nurse. If any evidence of syphilis, scrofula or tuberculosis be pres-



ent she is unfit for nursing. A quiet temperament and kind disposition are qualities to be preferred. Most of the wet nurses come from the lower walks of life, and for safety, a rigid examination must be made in every instance. The same general principles laid down for the mother in the care of the nursing child should be practiced by the nurse.

In the majority of cases where substitute feeding is called for, the method known as ‘‘bottle-feeding,’’ or ‘‘hand feeding,’’ is adopted. In order to make a success of hand feeding—a very difficult task—it is necessary to pay strict attention to the following questions: (a) The selection of a substitute for the mother’s milk; (b) The quantity to be given; (c) Its preparation; (d) Manner of administration.

In the selection of a food take healthy breast milk as a standard and as nearly as possible imitate it. Cows’ milk is the easiest to procure and is generally selected. The milk must be of good quality, and always taken from a healthy cow, fed on good, substantial food. Where fresh, raw cows’ milk can be secured, free from germ contamination, it is a more wholesome food for an infant than that which has been either boiled, sterilized, Pasteurized or peptonized. But in the cities you can never be sure of its purity, and in warm weather, anywhere, it is not safe to risk it, and one or the other of these methods becomes a necessity.

A careful comparison should be made between the mother’s milk and that to be substituted. Cows’ milk will be found generally to contain less sugar and more curd than human milk, which defects must be remedied by artificial means. Dilute to the proper proportion by means of plain sterilized water, lime water or barley water, whichever suits the case best, and make up the deficiency in sugar with milk sugar (preferably) or cane sugar. No set formula can be given for every case and we must adapt the prepared milk to the needs of each particular infant, being governed by the state of its digestion and development.

Be careful not to tax the digestive organs by over-feeding, a very common mistake made in bottle-fed children. Stretching of the stomach must be strictly avoided, and it is a far better plan to rather under feed than to derange the digestive functions of the organ by overtaxing its capacity.

The following table will give an idea of the amount of food required at different ages during the first year. But here again it must be borne in mind that the condition and development of the child must be taken into account:

AGE.	INTERVALS.	NO. OF FEEDINGS.	AM'T EACH FEEDING.	TOTAL AM'T FOR 24 H'RS.
	Hours.		Ounces.	Ounces.
1 week .....	2	10	1	10
2 weeks .....	2	10	1½	15
1 month .....	2	9	2	18
2 months .....	2½	8	3	24
4 " .....	2½	7	4½	31½
6 " .....	3	6	5½	33
9 " .....	3	5	7½	37½
12 " .....	3	5	9	45

The nursing bottle is generally used in the administration of artificial foods. The necessity of which is very much to be regretted on account of the great difficulty in keeping it free from germ infection. Uncleanliness in the utensils used in bottle-feeding has probably caused more alimentary troubles than any other article. A smooth, tapering, wide-mouthed bottle of one-half pint capacity, every part of which can be thoroughly cleansed, should be selected. Fit this with a short, black, rubber nipple which can be easily removed, turned inside out and scrubbed.

Bottles fitted with long rubber tubes are an abomination and should not be allowed in the nursery. It is utterly impossible to cleanse them and unless a new tube is used at every feeding, gastric disturbances will surely follow. After each meal the infant's mouth should be gently washed to prevent the fermentation of any particles of milk which may have remained.

In conclusion it might be stated that unless absolutely impossible, it is the duty of every mother to nurse her own child, thereby lessening the number of cases of indigestion, rickets, scrofula, etc., that so often follow the early abuse of the alimentary canal—the inevitable result of artificial feeding.

# Southwestern MEDICAL RECORD.

---

All communications for the editors, original contributions, exchanges, books for review, etc., should be addressed to SOUTHWESTERN MEDICAL RECORD, Houston, Texas.

All communications of a business nature, all money orders, drafts, checks, etc., should be addressed and made payable to ROBT. T. MORRIS, M.D., Secretary, Houston, Texas.

The editors are not responsible for the statements or opinions of contributors.

*To Contributors and Correspondents.*—Original Articles, Clinical Reports. Correspondence upon subjects of General or Special Interest, News Items, etc., are solicited from members of the profession everywhere.

---

Entered as second class mail matter at the Postoffice at Houston, Texas.

---

## EDITORIAL DEPARTMENT.

---

DURING the meeting of the South Texas Medical Association, that much discussed question, concerning the causation of the continued fevers, so prevalent in this country, arose. The usual discussion took place, the usual arguments were advanced, and the usual result obtained, namely: No one was changed from his former opinion. And as usual, the older practitioners were opposed, while the

younger ones were in favor of the view, that these fevers should be considered as typhoid.

It seems that some physicians are ready to make a diagnosis of malaria upon the very slightest provocation, but when it comes to diagnosing typhoid fever, they do so "with fear and trembling;" and must have every symptom present, from the spots upon the abdomen to a perforation of the bowel, before they will venture any such diagnosis. They will call almost anything malaria, provided the patient hails from a malarial district. As a consequence of this, tuberculosis, abscess of the liver, pyelitis, and innumerable other septic affections, are oftentimes treated heroically, with quinine. When however they make a diagnosis of typhoid fever, you can stake your very last dollar upon the correctness of it. For you may rest assured that there has been a hemorrhage from the nose, rose colored spots upon the abdomen, tympanites, tenderness and gurgling in the right iliac region, dry cracked tongue, continued high temperature, hemorrhage from the bowels, perforation, shock, peritonitis and death. If the above symptoms are present, and a positive history of typhoid infection can be obtained, they will venture a diagnosis of typhoid fever, with the understanding, however, that they will change their opinion should any one of the symptoms deviate from the strict letter of the law. We have no intention of discussing the question, but simply wish to call attention to the fact that it might be well, before making a diagnosis of malaria, to have at least a few of its manifestations present; and also, to the fact that it is possible for typhoid fever to occur when one, and even two, of its symptoms are absent. We think it a bad idea in making up a diagnosis, to insist that one disease shall always follow a typical course, while another is allowed of fly off at a tangent indiscriminately. Carelessness in diagnosing malaria, and over precaution in diagnosing typhoid

fever and other complaints, we believe have been the cause of a great number of mistakes. There can be no doubt that malarial affections are very common in this country, but we think they are far from being as common as was formerly supposed. Our increasing knowledge of septic conditions has had a wonderful effect in reducing the number of cases of malarial fever. If this progress continues, it is possible, at any rate we hope, that within a few years a concise and definite meaning can be given to that much abused word of malaria.

S.

---

WE HAVE watched, with more than usual interest, the course of a trial for murder just concluded at Austin, Texas. This interest grew out of the fact that we were more or less intimately acquainted with the prisoner and the witnesses, especially the medical experts.

It appears that the incidents leading up to this trial were of a particularly startling nature. One E. B., a man of family, openly left Austin, giving only satisfactory reasons for his departure. A few days—three or four—after leaving, the dead bodies of his wife and two children were found in the cistern on the premises of the place where they had formerly lived. E. B. was found in Chicago, living under an assumed name, and brought back to Austin.

The evidence adduced at the trial all went to show that E. B. had, both before leaving Austin, in Chicago, on the way back and while in jail, acted in a perfectly sane manner; save with one exception, viz: he persistently refused to see or consult with attorneys. The evidence further showed that he was a defaulter and a forger for small amounts, and seemed to have a perfect disregard for the truth.

He possessed laudable affection for his wife and children, spending what he could beg, borrow or steal upon them.



The newspaper account stated that his wife had expressed solicitude for herself and children to a friend, for the reason that she had been awakened at night by Mr. B., and found him bending over her with a most "diabolical expression on his face." One time she had laid awake all night on account of one of the above incidents.

Mr. B. it appears, was the son of a temporarily insane mother. His mother's people embrace epileptics, neuresthenics and insane members. His father was an exceedingly nervous man and very quick-tempered. Once in my presence, when he was not more than 45 years of age, as a result of great excitement, he suffered from a paralytic stroke of considerable gravity.

The medical experts, of which there were five or six, all, with possibly one exception, knew well the parents of Mr. B. and very likely the prisoner himself. They, contrary to the usual custom, agreed that the prisoner was a malingerer, and though a moral pervert, responsible for his actions. My only reason for presenting this account is to ask the question: "What constitutes an expert on insanity?"

Under ordinary circumstances it would be answered by saying: One experienced in that special subject. If this is so, then one with large experience among the insane would be the expert in the above cases. But writers on psychology tell us that man is an imitative animal and is more or less influenced by his associates. Granting that the psychologists are right, one with long experience among the insane, would be the reverse of an expert. It has been my observation—well, we "won't mention that." At any rate, in England, if an attendant upon the insane after twenty years still has his wits, he is pensioned.

After reading a good deal upon the subject of insanity I plead guilty to the "soft impeachment" of knowing very little about it. This much I have concluded, however, that

the definitions of insanity ultimately resolve themselves into: variations from the normal. Each individual forms for himself an idea as to how the normal man acts under given circumstances. The most of us agree as to that idea and hence we have the ideal normal man, mentally. If we are right in this reasoning, then the average man of business, the average man of ordinary intelligence, no matter what his calling, is the only expert on insanity. Many of our medical friends may not agree with us in this view. We will, however, ask them to note that we are not discussing the treatment of the insane, but "who is an expert on insanity?" for legal purposes.

The jury gave a verdict in Mr. B.'s case of murder in the first degree, possibly upon the theory that such men, sane or insane, are best, like all "good Indians" — dead ones.

If the common suggestion of a "lethal chamber," in connection with our insane asylums, were legalized it would then become necessary for medical experts to give testimony upon the hopelessness of sanity for the prisoner (a perfectly legitimate field). And the jury, in rendering the verdict, "hopelessly insane," would not be under the necessity of making insane murderers pay the penalty of sane ones (a verdict especially harrowing both to family and friends).

R.

---

**"A Doctor's Relation  
to  
Other Doctors."**

THE DOCTOR, in his routine life has much to contend with, aside from any trouble that may be brought on him by the interference of his brother practitioner. Such interference does exist and can only be eradicated by the doctors themselves, by a more brotherly display of common courtesies. What is more disgusting to a man of ethics than to see his co-

workers, like a flock of vultures, ever ready to pounce upon him, and build a questionable reputation on the ruins of an honest man. Men of high morals stand aside while those of a semi-quack propensity push forward and enjoy a lucrative practice.

A common occurrence of to-day: We go to what we suppose is our patient and find that Doctor Q. has been there by his own cheek or the intervention of his friends, has thrown all the medicines of the other doctor through the window, and in the majority of cases has told the patient or his friends that a continuation of such treatment would have certainly caused the patient's death. Is such action on the part of one doctor to another calculated to elevate our profession in the eyes of the people? Far from it. It has almost come to the point where a doctor is looked upon as the butcher or baker, who may be changed at will; and those few who try to uphold the dignity of the profession suffer in consequence. In the case stated above, would it not have been more brother-like for Dr. Q. to have had his predecessor notified of his dismissal than to have gone on and let his own work show his superiority rather than to make capital of his opportunity to hurt his brother practitioner by vile slander and unprofessional behavior? By the leniency of our laws, quacks claiming to do wonders fill all our larger cities, and gather around them in one short week a number of patients it would take years for a professional man of merit to gather. This is brought about by advertising in our daily papers. We can do little to stop this, save our influence on legislation, which is small; yet we can hold ourselves aloft from such human sharks and let them survive or perish according to their merits. Let us not be guilty of consulting with them or of being associated with them in any way, either socially or professionally. Let them be things of scorn, scabs, unfit to mingle with their fellow men. In this way they would

soon be ashamed of their wolfish practice and seek other ways of making a living, or gain forgiveness by bravely fighting out an honest living on equal footing with honest men.

Our consultations are to be criticised, from the fact that the purpose of a consultation is to get broader views on the condition and proper treatment of a patient, not for the display of one man's superiority over another. What can be more reprehensible than for a consulting doctor to blate out in the presence of the patient his objections to the attending doctor's views, or to kindly drop a hint to the neighbors that it was a God-send they did not wait another day for his opinion, else it would have been sure death to the poor patient.

If doctors cannot agree, let them call in a third man or at least make an effort to reconcile their ideas. In failure to do this of course the only alternative is to explain their differences to the patient and let him choose the one in whom he has the most confidence. We once in a while see an article in our newspapers describing some operation, giving name of surgeon and attendants. This is advertising, and what is worse, the doctor does not pay for it, either. Doctors, if we wish to enlighten our brother on any subject of a professional nature let us seek to do so through the proper channels. We have numerous medical and surgical journals who are always glad to receive meritorious articles, and some of them will pay for same with pleasure. Let us desist from using the lay papers. It is unbecoming to the profession.

One word—this to our brothers in special practice: many of your cases are received from the general practitioner, and thereupon it would only be the proper thing for you to send all cases not coming under your specialty to those in general practice, and again, if you find your patient has a family doctor, would it not be better to consult with him as to any

constitutional trouble than to call in or recommend some special friend? You certainly lose the friendship of the family doctor and gain nothing but the fee made by your friend. Unity in any community tends to build it up, while contention is as truly the first step to destruction. Would it not be better for one to look ahead and correct our mistakes, work together and establish harmony? We would in this way make the practice of medicine a pleasant one, give better satisfaction to the public and increase our income. Let each of us establish ourselves a committee of one to carry out our code of ethics, and stand by it regardless of what others may do; refuse to consult with those who fail to live up to its teachings. The public will soon learn from which rank to select their doctor, and rest assured they will not take him from among the frauds and fakes. C.

---

THE MEETING of the physicians in Houston on December 9th, for the organization of a South Texas Medical Association, was a success in every particular. A large attendance, good papers and the interest manifested, made the meeting highly enjoyable to all present.

The meeting was called to order in one of the parlors of the Capitol Hotel by Dr. J. A. Mullen, the chairman of the organization, at 10 o'clock a. m. Dr. R. T. Morris having been selected by the committee as temporary chairman, was called to the chair. The doctor in his usual happy vein stated the object of the meeting and welcomed the guests to Houston. Dr. Max Urwitz, also on behalf of the Houston physicians, delivered an eloquent address of welcome.

Dr. H. A. West, of Galveston, was introduced and talked for three hours upon the subject of the "Antiseptic Treatment of Typhoid Fever," giving lengthy criticisms of the treatment of typhoid fever as laid down by Dr. Woodbridge.



Dr. West's remarks and criticisms evoked a lengthy discussion—bringing up the controverted question of whether or not true typhoid fever is ever found in Houston.

The next paper was a very good one, by Dr. F. B. King, entitled the "Radical Treatment of Typhoid Fever." The entire morning session was devoted to the two papers on typhoid fever and the discussion they elicited.

The afternoon session, called at 2:30 p. m., was taken up with the reading of a paper prepared by Dr. Vard H. Hulén, of Galveston, on "Some Practical Points in the Treatment of Ophthalmia in the New Born." It was a brief paper and to the point, and was well received by the society.

Dr. Pilant, of Harrisburg, the oldest practitioner in attendance, now read a poem dedicated to the South Texas Medical Association.

"Such a Simple Thing as Cutting Off a Limb," was the title of the next paper, by Dr. S. C. Red. The doctor handled his subject in a masterly manner. The paper was short, practical, comprehensive and concise, characteristic of the true surgeon. Following Dr. Red's paper was one by Dr. Bat Smith, of Wharton, on "Malarial Haematuria." This was the most exhaustively discussed paper of the meeting. It was lengthy, giving the ancient history of its early recognition, also its author's views on its pathology and treatment, based upon the treatment of many cases and the experience of a lifetime as a busy practitioner in a locality where this disease exists; consequently the paper was not theoretical, but conclusions that were the result of experience. In the conclusion of his treatment the doctor strongly condemned the use of quinine in the treatment of this disease, and held that the use of the same was little short of criminal practice. Dr. R. W. Knox was the next to have the attention of the association, with a paper entitled "Stricture of the Rectum," with a report of a successful

case treated by the doctor during the past year. The subject was an interesting one to the general practitioner and the paper was appreciated by all in attendance.

The evening session was called at 8 p. m., when Dr. Joseph A. Mullen read a paper on "Nose-Bleeding in Children." This paper was by a specialist for the general practitioner. It was practical and well received by the association. Next was refreshments served to the members of the Association by Mr. Heyer and wife. Mr. Heyer is the hospitable Houston druggist and the friend of the physician.

It was decided to hold the next meeting in Galveston. The Association will meet semi-annually. The following officers were elected.

Dr. Bat Smith, of Wharton, president; Dr. H. A. West, Galveston, first vice president; Dr. B. F. Calhoun, Beaumont, second vice president; Dr. E. S. Ferguson, Houston, secretary and treasurer.

The following gentlemen were elected to compose the judicial council:

Dr. Max Urwitz, Dr. R. W. Knox, Dr. J. W. Scott, Dr. R. T. Morris, Houston; Dr. V. H. Hulen, Galveston, Dr. J. S. Emory, Navasota.

After the election of officers and some routine work, was a paper on "Placenta Previa," by Dr. Wm. Olive, of Houston. This paper contained the experience of years in practice with the report of several cases, and was listened to with much interest. The hour being late, the next paper on "Excessive or Insufficient Physiological Action Regarded as a Probable Present Cause of Ametropia," by E. S. Heisig, M. D., Houston, was voted to be read at the next meeting. Upon the motion of Dr. Urwitz, the SOUTHWESTERN MEDICAL RECORD was made the official organ of the Association. A vote of thanks was tendered the Houston profession for courtesies extended, after which the Association adjourned to meet in the city of Galveston on the call of the president.

B.

## SOCIETY NOTES.

We are in receipt of the following:

HOUSTON, TEXAS, December 22, 1896.

DEAR DOCTOR: The fourth annual meeting of the Texas Association of Railway Surgeons will convene in the city of Dallas, Texas, Tuesday morning, January 26, 1897, at 11 o'clock. All members of the association are expected to attend and aid in making this the most interesting and profitable gathering we have so far enjoyed.

Dr. C. M. Rosser, ex-Superintendent North Texas Insane Asylum, now Company Surgeon for the H. & T. C. R'y at Dallas, has been appointed chairman of the arrangement committee, vice Dr. Letcher, deceased. The well known push and energy of Dr. Rosser will leave no stone unturned that will in any way contribute to the success of the meeting.

We are anxious that you prepare a paper for the meeting, upon any subject pertaining to medicine. Reports of interesting cases are highly instructive and are consequently solicited.

We are assured that the profession at Dallas will extend to us a hearty welcome and spare no effort to make our meeting both interesting and profitable to all. Come, Let us reason with each other, compare cases, compare treatment, and fail not in our duty to our patients, ourselves and the corporations we represent.

The subject of all papers should be in the hands of the Secretary not later than January 1, in order that the programme may be issued.

J. R. STUART, M. D., Pres.,

Houston, Texas.

CLAY JOHNSON, M. D., Sec'y,

Corsicana, Texas.

C. M. ROSSER, M. D., Ch'n Ar. Com.

Dallas, Texas.

\* \*  
\*

The call and programme of the seventh semi-annual session of the Central Texas Medical Association, issued by the Secretary, Dr. Marvin L. Graves, is as follows:

Dear Doctor: If you are a member of "Central Texas

Medical Association'' your interest demands your presence and participation in the seventh semi-annual session, at Waco, Texas, Januaay 12-13, 1897. If you are not a member and wish to associate yourself with your professional confreres in improving your own practice and in contributing to the general fund of professional knowledge, you are cordially welcomed to membership in this society. The programme presents a splendid medical and surgical menu, and your contribution to professional thought and advancement will improve the feast. Doctor, come and help us make the first meeting of 1897 a prophet of greater success and usefulness in our chosen profession.

Cordially and fraternally yours,

MARVIN L. GRAVES, M. D., Sec'y.

J. CROSY SHAW, M. D., Pres.

#### PAPERS.

1. "Pneumonia:" A. J. Weatherford, Waco.

Discussion by J. D. Foster, Reisel, and T. N. Clark, Reagan.

2. "Metritis:" W. E. Brown, Gatesville.

Discussion by J. D. Moore, Eddy, and R. F. Minnock, Waco.

3. "Prostatitis:" W. A. Howard, Waco.

Discussion by M. D. Knox, Hillsboro, and W. M. Shankle, Chilton.

4. "Retained Placenta After Abortion, and its Treatment:" W. C. Blalock, Kosse.

Discussion by Daniel Parker, Calvert, and R. P. Talley, Waco.

5. "Anæsthetics, and the best Modes of Administration:" Taylor Hudson, Belton.

Discussion by W. R. Blaylock, McGregor, and O. I. Halbert, Waco.

6. "Tubercular Meningitis:" J. D. Law, Salado.

Discussion by W. W. Greer, Cameron, and S. M. Jenkins, Summer's Mill.

7. "Otorrhœa in Children:" Joseph R. Anderson, Waco.

Discussion by R. J. Pope, Jonesboro, and C. Guy Reily, Waco.

8. "Primary Syphilis, its Diagnosis and Treatment:"  
R. W. Noble, Temple.

Discussion by W. B. Newland, Gatesville, and  
W. T. Baird, Dallas.

9. "Prevention and Treatment of Ophthalmia Neonatorum:"  
E. C. Gordon, Lott.

Discussion by W. F. Cole, Waco, and R. C.  
Nettles, Marlin.

10. "Eczema Seborrhœa:" J. B. Shelmire, Dallas.

Discussion by U. H. Nixon, Killeen, and N. A.  
Olive, Waco.

11. "Disease of Accessory Sinuses, Diagnosis and  
Treatment:" J. M. Woodson, Temple.

Discussion by A. C. Scott, Temple, and H. L.  
Taylor, Waco.

12. "Acute and Chronic Cystitis, Diagnosis and  
Treatment:" H. C. Ghent, Belton.

Discussion by J. C. J. King, Waco, and T. J.  
Hubbert, Hico.

#### "X RAY LECTURE."

Prof. R. S. Hyer, Professor of Natural Science in Southwestern University, will lecture on the X Rays, before the Association, and will photograph a number of patients with bullets, foreign bodies and broken bones in the body. The photographs will be shown in a few minutes after they are taken.

Voluntary Papers.

Individual Reports of Cases.

Miscellaneous Business.

### NEWS AND MISCELLANY.

*Weir's Index to the Medical Press* is out again, with the November issue.

Dr. J. C. Mayfield takes Dr. W. F. Blunt's position as quarantine officer at Galveston.

Dr. T. H. Thairston, of Bryan, Texas, was in Houston last month and called on the RECORD.



The commissioners court appointed Dr. W. S. Horne county physician of Falls county for the ensuing year.

CREMATION OF PAUPERS.—A petition is in circulation in Washington asking that a crematory be substituted for the Potter's field.

Dr. H. C. McClanahan, assistant physician at the insane asylum, at Austin, Texas, and Miss Ella Fields were married on Dec. 10.

The body of George Du Maurier, the artist and author, who died recently in London, was cremated, in accordance with his often expressed wish.

The many friends of Dr. L. A. L. Lamkin in Houston are sorry to hear of his death. The doctor died at his father's home in Luling, Texas.

Gov. Culberson has appointed Dr. D. L. Gaillard, first assistant at the Terrell Asylum, to the position made vacant by Dr. C. M. Rosser's resignation.

Dr. W. S. Horne and Dr. Burr G. Ward lost all their office fixtures, instruments and library, by fire on the night of Dec. 15. A total loss, no insurance.

Another medical college has been corporated in Chicago under the name of the Central Medical College. None of its incorporators or promoters are medical men.

Dr. J. J. Eargle, of Proctor, Texas, was in Houston last month, attending the annual convention of the Masonic Grand Lodge, and called on the editors of the RECORD.

CANABALISM NOT EXTINCT.—We are surprised to see in the table of contents for the ———, ‘‘a case of tuberculosis by ingestion of a little girl of sixteen months.’’

Dr. B. F. Calhoun, of Beaumont, Texas, exhibited at the South Texas Medical Association a congenital tooth, an inferior incisor; it was removed soon after birth by the doctor.

Dr. A. A. Bailey, of Richmond, Texas, treasurer of Association of Railway Surgeons of Texas, had his face burned at a Santa Claus celebration on the evening of Dec. 24th.

Dr. C. E. Brown-Sequard, son of the famous physician of the same name, died in Atlanta, October 13. He was 40 years old and was born in Paris. For three years he had been practicing in Atlanta.

FOOD FOR REFLECTION.—The decimal system has met with favor in Turkey in spite of the barbarities of that nation which has angered the civilized world. Beginning with the first day of March, 1895, the decimal system was officially adopted in Turkey.—*Monthly Retrospect*.

Dr. H. R. Carter, of the Marine Hospital Service, has been assigned to the Chicago station, recently made vacant by the resignation of Dr. J. B. Hamilton. Dr. Hamilton is a professor of surgery in Rush College, Chicago, and editor of the *Journal of the American Medical Association*.

DIPLOMAS FOR SALE.—The Wisconsin Eclectic Medical College is still offering diplomas to practicing physicians at ‘‘much reduced rates, \$35, all inclusive.’’ The prospectus states that they come ‘‘as a boon and blessing’’ to those who have hitherto practiced medicine illegally.—*Monthly Retrospect*.

Dr. J. Tyson, *Nat. Medical Magazine*, suggests chloro-lose in cases of simple insomnia where sulfonal trional, etc., have failed. It is best administered (5 grs) in hot water or milk. If the bitter taste is complained of, a cachet may be used. It has, elsewhere, been highly recommended for use among the insane.

Every year the study of sanitation is receiving more of the time and attention of the general practitioner, and to lead and instruct in this branch of science, the physician will find the *Sanitarian* of Brooklyn, edited by A. W. Bell, A. M., M. D., authoritative, and the best of the kind published; we heartily recommended it to all our readers.

Dr. R. C. Hodges, of Houston, who attended the Pan-American Medical Congress in the City of Mexico, reports a very enthusiastic meeting, in which much medical interest was manifested by all in attendance. The doctor spoke very highly of the Mexican hospitality shown the American physicians, in every way, during the entire session.

The Medical Association of Central New York at its recent meeting elected the following officers: President, Dr. E. B. Angell, Rochester; first vice-president, Dr. William C. Krauss, Buffalo; second vice-president, Dr. F. H. Stephenson, Syracuse; secretary, Dr. Van Der Beek, and treasurer, Dr. S. L. Elsner, of Syracuse.

“Doctor, what do you think is the matter with my boy?” “Why, it is only a corrusticated exegesis anti-spasmodically emanating from the source of the animal refrigerator, producing a prolific source of irritability in the pericranium, blunting his mental profundity.” “That’s about what I told Betsy, but she ‘lowed it was wurrums.’ ”—*N. A. Medical Review*.

BURIED GOLD.—There are said to be 25,000,000 people in this country with gold-filled teeth, whence it is figured out that about \$100,000,000 worth of the precious metal is thus removed from circulation. It is therefore suggested that gold worth at least \$50,000,000 could be recovered from American graveyards if the teeth of the last two or three generations were collected.

Dr. J. B. Murdock, Clinical Professor of Surgery in the West Penn Medical College, and one of the best known surgeons of Pittsburg, died of renal disease October 29, at the age of 66. His was a long, active and honorable career, including service all through the war. He was a native of Glasgow, Scotland. His contributions to surgical literature were many and of high order.

The RECORD begins the year 1897 under very auspicious circumstances. The management of the RECORD promised in the initial number to improve the RECORD every year until it became the leading medical journal of the southwest. We have received much encouragement from the profession and we will endeavor to show our appreciation of this in substantial improvement of the RECORD.

The long, gloomy operating room of the hospital is hushed and still; soft-voiced nurses move quickly about; a skillful attendant arranges the cruel-looking instruments. Before administering chloroform to the patient, prior to the

amputation, the kindly doctor asks him if he has any message for his friends. "Naw!" he murmurs wearily; "jest tell 'em that you saw me, an' dat I'm losin' flesh."

Indiana is about to begin a hard fight for a good medical law. On October 15 a number of physicians assembled in Indianapolis to take the preliminary steps in the matter. A legislative committee was appointed to draft a bill. Since the Ohio law came in force Indiana's necessity for such a law has greatly increased by reason of a great influx of undesirable practitioners from our own state.—*Cleveland Journal of Medicine*.

THE SOUTHWESTERN MEDICAL RECORD has been authorized by the Pasteur monument committee of the United States to receive and forward all donations to them at Washington, D. C., from all physicians who wish to contribute to the erection of a suitable monument in the city of Paris to the memory of this illustrious physician and benefactor of mankind. Donations from fifty cents to ten dollars are solicited by the committee.

The Ohio Medical College, now a department of the University of Cincinnati, finds itself in a predicament over the color line. Because of a large number of Southern students colored men have never been permitted to matriculate. Now that it is a portion of the University it is probable that the state law will compel it to make no distinction upon the basis of color of skin. A case in point has arisen, and the result will be interesting.

Some of our North Texas friends mildly insinuate that the "battle royal," waged in the editorial departments of leading Texas journals, is not to their liking. They hasten to inform their readers that they will neither tell tales out of school nor indulge in personalities. These resolutions are highly commendable and will, doubtless, be adhered to so long as their negative existence fails to create a "trocha" that any one cares to cross.

Sir Benjamin Ward Richardson, M. D., F. R. S., the world's leading authority on hygiene and sanitary science, died in London, November 21, at the age of 68 years. Dr.

Richardson who was knighted in 1893 was probably the most widely renowned physician in the world, largely by reason of his multitudinous writings. In his later years he was an ardent bicyclist, and at death was president of the Society of Cyclists.—*Cleveland Journal of Medicine*.

TO EXCLUDE REPORTERS.—Owing to frequent appearance in the lay press of illustrations drawn from life of patients being operated upon in the wards of the Receiving Hospital, San Francisco, it has been decided to exclude reporters, newspaper artists, and others not connected with the hospital staff. This action was based upon consideration of the ethical side of the matter, as well as the propriety of subjecting patients to the scrutiny of the public, and the decision was unanimous.—*Monthly Retrospect*.

A drop of dried blood may be sent hundreds of miles by mail and the fact determined whether it came from a person having typhoid fever or not. It has been shown by Pfeiffer of Berlin, and Widal of Paris, that the serum obtained from the blood of a typhoid fever patient is capable of so acting upon pure bouillon cultures of typhoid bacilli mixed with it as to abolish the active motion so characteristic of that organism in fluid culture media and to cause an agglutination of the individual bacilli in large groups or clumps.—*Health Journal*.

ETIOLOGY OF TYPHOID FEVER.—The epidemic at Rheims among the dragoons was traced unmistakably to the dust stirred up by their evolutions, and Uffelmann's experiments demonstrate that the dried typhoid bacillus, as also the cholera microbe, can be disseminated in the air, and thus alight in dust on articles of food. Similar experiences are reported from Belgium as the cause of the present slight epidemic at Tirlemont. These facts tend to show that the water supply is not always to blame in epidemics of typhoid fever.—*Journal d'Hygiene*, October 29.

The Independent Medical College of Chicago was incorporated October 15, 1896, by M. L. Reed, Minnie M. Wick, James Armstrong, Delia Hovey, Charles M. Hovey, Thomas Armstrong and C. K. Drumheller. Of these only the follow-



ing are listed in *Polk's Register* as physicians: M. L. Reed, Rush College, 1892, and James Armstrong, credited to no school at all. One of them, James Armstrong, is at the head of the notorious Illinois Health University, against which the State Board has been fighting for a year, having secured an order from court revoking its charter, but the case is now in the supreme court.—*Cleveland Journal of Medicine*.

The mosquito as a propagator of malaria has many advocates, and, apparently, they have much reason in thinking so, for the mosquito certainly inhabits, in abundance, malarial districts. There are some facts, however, that must be reckoned with before rendering a decision, viz.: mosquitos are in great plenty during the short summer off the north-western coast of Greenland; they abound in the valleys of the rockies, particularly so in Wyoming, and yet malaria is unknown in either of these places. My childhood and early youth were spent in an intensely malarial section, and I was a great sufferer from its effect, yet, through all that time, I never saw a mosquito bar and never felt a mosquito bite but once. The mosquito is bad enough, at any rate, without carrying around with himself a trunk of assorted chills.

THE BICYCLE.—Dr. Albert L. Gihon, of New York, read a paper on "The Bicycle in its Sanitary Aspect." The author criticised the posture and saddles used by riders of the bicycle. After presenting arguments for and against the bicycle, he ventured the prediction that a light three or four wheeled vehicle, impelled by some easily managed motor, inexpensive enough to be generally available, would be the means of progression for pleasure purposes in the future, covering long distances without fatigue, permitting sightseeing and out-door exposure without labor, and adding the charm of companionship and participated enjoyment, while the rational instrument of exercise for exercise's sake alone would ever be a pair of sturdy human legs.—Taken from a full synopsis given in the Buffalo Medical Journal, October, 1896.—*State Board of Health Bulletin*.

Mr. George S. Davis, general manager of the big drug house of Parke, Davis & Company, of Detroit, has retired and leaves shortly for California to take a protracted and much

needed rest. No change whatever in the business or policy of this great house will ensue upon Mr. Davis' retirement. Mr. William M. Warren, who has been connected with the house for many years, and has for two years been its virtual manager, has been elected vice president and general manager of the company to succeed Mr. Davis. Mr. Davis however retains a nominal connection with the firm as advisory manager. In announcing that there will be no change in the policy of the firm, the new manager, Mr. Warren, says the business of the firm was never before so prosperous. In spite of the commercial distress this great house has in ten months of 1896, done \$200,000 more business than in the same period of 1895. It is to be regretted that the private interests of Mr. Davis have suffered somewhat, even while his firm was so prosperous. Mr. Davis' generosity to the medical profession in conducting the *Index Medicus* for a number of years at a steady loss, will not be forgotten by physicians, and it will be a general wish that his reverses shall prove only temporary.—*Cleveland Journal of Medicine*..

This number begins the RECORD's second year and in it we renew the promise of one year ago; "that there will in each successive issue, be something of interest to the general practitioner and specialist." We assume that the generous support accorded us, by the public, is an evidence of our having redeemed all promises made and a stimulus to redouble our efforts for the future. A proof of the fulfillment of the prophecy "that we had something to say," you are referred to the numerous quotations from our pages in the various periodicals of the country, a fact in which we take considerable pride. Thanking you for past favors, we extend the New Year's greeting with a hearty good will.

EDITORS.

---

#### To the Members of the Medical Profession.

I would be pleased to have an expression from you, either personally or through some medical journal, as to the relations of lay-publishing firms of medical journals and the profession. The request is suggested by the fact that Messrs. Wm. Wood and Co., of New York, refuses to per-

mit the editors of "The American Year-Book of Medicine and Surgery" to use in our abstracts of Medical Progress articles and illustrations first printed in the *Medical Record* and the *American Journal of Obstetrics*.

This decision seems to me to be wrong for the following reasons:—

1. It prevents the dissemination of medical knowledge. The Year-Book condenses, systematizes and criticises the year's work in a shorter space and more permanent manner than the journals, and has thousands of readers no single journal can claim or hope to reach. Every physician writes and publishes articles in order that every member of the profession may, if possible, learn of his work, and that science and progress may thus be furthered and humanity benefited. To interfere with such dissemination of our literature in reputable publications is, I think, discourteous and unjust to the profession and an injury to Medical Science.

2. This injustice and injury to medicine become all the more striking when physicians do not receive a cent of pay for contributions, from the publication of which the lay publisher is supposed to make considerable financial profit.

3. No other publishers in the world, not even those who pay authors for their contributions, have in the least objected to our reproduction of quotations, abstracts, and illustrations from their journals,

Do you wish to limit the dissemination of your contributions to medical science by such an exclusion of them on the part of the publishers from reputable publications? Is this literature the property of yourself and of the profession or not? Does your gift of it to a journal make it the private property of the publishers of that journal? Is it not rather a loan for temporary use only?

Will you not hereafter demand that there be printed with your article a statement that the right of abstracting the text or reproducing illustrations is guaranteed?

Sincerely yours,

GEO. M. GOULD.

119 S. 17th Street, Philadelphia, Pa., Dec., 1896.

**Human Nature.**

He called sweet Prue  
A perfect peach,  
But found she grew  
Just out of reach.  
And so he learnt,  
With longing sigh,  
We always want  
What comes too high

—*To-Day.*

---

**PUBLISHERS' NOTES.**

Read the ad. of the Castalian Spring Water Co., and give the water a trial.

Radford & Hutchinson, wholesale and retail grocers of this city, have the model grocery house of the South.

‘‘Hockerbrau’’ is an elegant preparation for convalescents and is also very useful in amyloseous dyspepsia.

Those needing artificial limbs should call on or address D. W. Bartlett, 211 1-2 Travis street, this city. See his ad.

To those desiring medical text books we most heartily recommend Armand Hawkins, 1034 Canal street, New Orleans. Send for his prices and discounts.

Malt-Nutrine can now be had at any drug store in the city. It is invaluable for convalescents, nursing mothers and persons suffering with wasting diseases.

Attention is called to the advertisement, on another page, of the ‘‘Nurses’ Home,’’ at 1805 Preston, where trained nurses can be obtained for any part of the city or state.

We call attention of our readers to the preparation of Nelson, Baker & Co., of Detroit, Mich. Their Uterotonic and Cascara Carminative are worthy of trial. The Cascara-Combination is specially good and appeals to one very strongly, as there are so many inferior ones in the market.

# *Southwestern Medical Record.*

A MONTHLY JOURNAL OF PRACTICAL MEDICINE AND SURGERY.

---

VOL. II.

FEBRUARY, 1897.

No. 2.

---

## **Appendicitis.\***

BY F. R. COLLARD, M. D., WHEELOCK, TEXAS.

At our last meeting I suggested to the Query committee that we have a paper at our next meeting on appendicitis. My reason for doing this was that a diagnosis of this abdominal lesion had been rendered in my own person, by eminent surgeons of Houston. The committee acted on the suggestion and, to my chagrin, the President appointed me to produce the paper on this occasion. I demurred, for the reason, that I did not think it conducive to my welfare to have my mind centered on my infirmities. The President insisted and I reluctantly undertook the task.

Any one can write or talk when entirely conversant with the subject at issue. In this instance I plead ignorance and only hope, by this paper, to elicit a lively discussion and *thereby* edify this Association.

The pathological condition known as appendicitis has taken a very prominent position before the profession during the last decade. And during this time medical journals

---

\*Paper read before Brazos Valley Medical Association at Bryan, Texas, Nov., 1896.



have been more or less full of it. Heretofore very little was written upon this subject. Physicians that took full courses in our best medical institutions, a quarter of a century ago, never, from the professors, heard a word of it. Though doubtless it has, unrecognized, existed from the days of Adam; but not in so large a proportion of his descendants as some modern surgeons would have us believe.

The anatomy of the appendix is, essentially, that of the colon; though in an embryotic or undeveloped condition it is provided with its own nuro-appendix. The longitudinal muscular fibers are nearly wanting, and the circular not well developed. The intestinal mucus coat, a small fold of which at the proximal extremity of the organ, forms Gerlach's valve. This valve demands careful study as an essential factor in appendicitis. In young men the valve is larger and closes the mouth of the appendix more completely than in young women. Its situation is variable; it may be close to the ileo-cecal valve or distant from it. Its location is due to the shape and growth of the cecum.

We have the symmetrical cecum when there

a. Is an equal amount of gut wall on each side of the longitudinal muscular colon-band, which lies on the anterior aspect of the cecum. This means that the ileo-colic artery nourishes the gut equally on both sides. In this variety the valve will be in the middle of the lower end of the cecum and above the lateral bulging of the gut on both sides. Here the valve is higher, so that debris will not rest continually over the mouth of the appendix.

b. We have the fatal form of cecum, that resembles the dogs. In this case the appendix opens directly from its lower end, where seed, stones and debris collect, resting on the valve, awaiting a chance to enter.

c. We have the non-symmetrical cecum, which would offer about the same facilities for foreign bodies to enter as the symmetrical.

d. We have the atrophic cecum, i. e., the portion of the cecum next the ileo-cecal valve, is insufficiently nourished by the ileo-colic artery. Consequently the two valves or openings are in this case opposite each other. Hence you will readily see that the facility of foreign bodies gaining access to the

appendix depends on the location of Gerlach's valve. The size of the valve demands attention, being larger in males than in females. This is an important item, accounting for the fact that males and females suffer from this malady in proportion of four to one. If a foreign body gains access to the appendix, causing irritation and tumefaction of the mucus membrane in the male, the valve swells and effectually closes the mouth of the appendix. What is the result? Secretions accumulate, pathogenic microbes multiply, spasm of the appendix follows, circulation is disturbed, suppuration and gangrene is established. The valve in the female, not being so large, is not so liable to swell to such an extent as to close the mouth of the appendix. Hence foreign bodies fall in and are thrown out again, leaving no trace of inflammation. The same condition is observed in old people, from atrophy of the valve.

The function of the appendix vermiformis I will leave to be determined by some wise-acre. If we accept the Darwinian theory that man sprung from the inferior animals, then in some of our remote ancestry this organ was, perchance, a secondary stomach. Such is the case to-day in some of the lower orders of animals, particularly among the rodentia.

Etiology.—The cause of the disease under consideration is and has been generally ascribed to foreign bodies in the appendix and fixed there. Not necessarily so. If so, there would be no resolution. And every case would call for the surgeon. If we are to accept the theory that a very large per cent. recover without surgical aid, we must accept the theory that the same ratio ends in resolution.

Age.—The vast majority of the cases are in young adults from fifteen to forty.

Constipation cannot be a factor in producing this trouble, Women are troubled more in this manner than men, yet men have appendicitis four times as often as women. Old people are, as a rule, troubled more with constipation than the young, but appendicitis is rare above forty years. Diarrhœa has just about as much to do with it as the reverse condition.

Diet would appear to hold a large place as a cause, but where is the proof? It may be true that if a man does not eat and swallow cherry stones he will not have any in the appendix. But how many children, and adults for that matter,

have swallowed cherry stones, grape seeds, buttons, rings, etc., and never had inflammation of the appendix.

Apparently, climate occupies a high position as an etiological factor, particularly the climate of the United States. More cases are reported here than elsewhere; in fact, by some, it is styled the American disease. Or is it because the profession in the United States, being in advance of the European surgeons, and being ever on the alert for something new, found it? I can confidently assert that more men have had their bellies cut open in the United States, within the last ten years, for appendicitis, than have been cut open for all other maladies combined in the known world, since the days of Hippocrates. One can hardly pick up a daily paper without seeing a notice that Dr. So-and-So successfully and scientifically operated on Mr. So-and-So for appendicitis.

The role that pathogenic microbes play in producing such rapid and destructive inflammation in this organ, has already been referred to in this paper.

The secretions of the colon are also an etiological factor not to be ignored. Altered secretions tend to produce concretions. These concretions are said to be calcium salts and phosphates, mixed with mucus, in a hardened mass. Continued and chronic colitis alters the secretions, so that a solid residue remains, which by some means finds access to the lumen of the appendix.

Tubercular deposits in the appendix often produce inflammation of this organ, since it is an organ that is poorly nourished and as a consequence having defective vitality, it offers an admirable site for these deposits.

Whatever the etiological factor may be—tubercular deposits, foreign bodies, or pathogenic microbes—appendicitis follows, passing through all the pathological conditions of inflammation elsewhere, including disintegration and consequently perforation.

There may simply be an exudation around the appendix which will absorb or organize into bands; or a circumscribed abscess which will ultimately open into the gut, or more generally into the abdominal cavity. And the pus will burrow and burrow, sometimes to one locality sometimes to another. It has been known to burrow and open itself into the plural

cavity with fatal consequences.\* Or in violent and virulent attacks, the perforations may open at once into the abdominal cavity, producing violent and diffused peritonitis. And death closes the scene.†

The diagnosis of appendicitis is by no means so easy as some would have us believe. The history combined with the local signs are of great value, but do not give us sufficient data to render a positive diagnosis.

Richardson says; "With very rare exceptions a diseased appendix is the cause of all peritonitis, local or general, occurring in males."‡ I think this a broad assertion. If he had said outside of traumatic causes I could have more readily accepted his statement. The traumatic causes are legion. At times they are very evident, at others very obscure. Rupture of gall bladder, intussusception, internal strangulated hernia, obstruction of the bowels, etc., etc., any one of which might and in all probability would light up a peritonitis. I remember a case of general peritonitis which occurred in the practice of my friend Wm. N. Sneed, M. D., of Fairfield, Texas, in which I was called in consultation. In his case there was a general peritonitis and tympanites and excessive tenderness in right iliac fossa and an apparent tumor. This was long before my attention had been directed to this new disease, appendicitis. His pulse was 116 and weak. The temperature was not recorded. He had no action from his bowels for four days. There was vomiting, expression of anxiety on the countenance, leaky skin, in a young man 21 years of age. A cathartic had been administered early in the case (first and second day), stimulating enemas had been used repeatedly, bringing no action from the bowels. I suggested that we again try the syringe, which I used myself, the patient being a man of more than ordinary intelligence. We gave stimulants, and then elevated the body at an angle of 45 deg. and kept pumping in water at the temperature of 100 deg. slowly; at the same time, requesting him to use his will power, and retain it as long as possible. When he could retain it no longer, I placed a compress over

\*American Journal Medical Sciences, December, 1889, Page 618.

†I am indebted to F. Byron Robinson, B. S., M. D., Chicago, Ill., Medical Brief, September, 1893.

‡American Journal Medical Sciences, January, 1894, Page 3.

the anus and held it there by main force for five minutes. He voided a considerable quantity of the water, and in fifteen minutes after he requested to be placed over a vessel, where he again passed an additional quantity of water. Two plugs of something struck the water with such force as to be very audible to the bystander. A large quantity of flatus followed. More stimulants was given and the patient, who was almost exhausted, placed in bed. The bowels acted again in bed. After so long a time, the circulation rallied. We then examined the plugs and found them to be—beeswax! Convalescence was somewhat tardy but he made a complete recovery. Here was a case of general peritonitis from obstruction, and would to-day, by nineteen out of twenty physicians, be diagnosed appendicitis. And I would now be afraid to pump water into a man in that condition, for I would expect to pump the abdominal cavity full through a perforated appendix.

Great stress has been laid upon pain. This I consider fallacious. Sudden acute pain is common to all abdominal lesions. What are we going to do with lead colic? Passage of renal, or biliary calculi? Obstruction? Strangulated hernia, etc., etc.? Pains radiating to the bladder, testicle, thigh, etc., has especial stress laid upon it. Now what produces this radiating pain? I take it to be due to the peritonitis, which may be lighted up, not only from appendicitis, but from any cause. Every physician of any experience has seen cases of strangury, as an annoying complication in dysentery.

Tenderness, and especially tenderness over the region of the cecum, is a better diagnostic symptom, but have we not the same symptom from impaction, and from strangulated hernia? McBurney lays great stress on this symptom, when located over McBurney's point. Sometimes this symptom is wanting, though rarely. I had a case some twenty-five years ago, diagnosed typho-malarial fever; it had tympanites in right inguinal region, and not much if any tenderness. From the symptoms, a regular typical case of slow fever was diagnosed. In three weeks I discovered a tumor as large as a lemon in this region, of a doughy feeling, not well described; but which every surgeon knows is a sack filled with pus; the



tumor kept enlarging, the patient, a man upwards of 60 years of age, with a muttering delirium, bad pulse, the bowels acting, I feared to lance the tumor for fear the shock would prove fatal; unfortunately he died. No autopsy held. Here was a case of absence of tenderness and a case of mistaken diagnosis. I am satisfied now that he had appendicitis.

Vomiting is not to be relied on as a diagnostic symptom. In any case of obstruction this symptom presents itself.

A large per cent. of the cases are accompanied by diarrhœa, but this is a common symptom in a great variety of abdominal troubles. I have seen diarrhœa from impaction. Case, J. G., aged 17 years, male, living in creek bottom, was attacked with malarial fever. Treated for a few days by his father, calomel and quinine were given; there was a watery diarrhœa; 1 oz. of laudanum was given by the father, in drgm. doses, in eighteen powders. Patient when first seen was nearly comatose with slow weak pulse, bowels acting, sphincter apparently relaxed, skin acting, extremities cold. Diagnosis, pernicious malarial fever, poisoned with laudanum. We prescribed caffeine, quinine, mercury with chalk mixed; arterial stimulants and friction to the extremities. The patient rallied after so long a time. The diarrhœa checked. There followed very pronounced tympanites; in thirty-six hours we used enemas with no action; forty-two hours, still no action, again at forty-eight hours, when I succeeded in breaking up the impaction.—Half-gallon of muscadine seeds and hulls. Recovery—(This case only demonstrated the adage, ‘‘that a man who is born to be hung will never be drowned’’).

Time of Perforation.—Richardson states, most unequivocally: that there exists a larger or smaller perforation before the surgeon ever sees the case, and that there is no use for the surgeon to wait and expect perforation at the third, fourth, fifth or any other day.\* This may be possible; but I would like to ask the gentleman how he accounts for the sudden collapse, which may occur in the history of an attack, if not due to perforations and extravasation? It may be possible that the existing rent of perforation enlarges to such an

---

\*American Journal Medical Sciences, January, 1894, Page 5 and 6.

extent that recent adhesions are torn through or there may be a second perforation.

The pulse does not cut much of a figure in diagnosis. If, for instance, the patient is suffering agonies from any cause, the pulse will tell the tale, and more particularly if the abdominal viscera are the organs implicated. Of course a pulse of 120 to 130 in an adult male means mischief somewhere, and particularly so if weak.

Temperature gives no absolute proof of anything and counts no more in this trouble than in any other traumatic lesion. Of course, if we have other decided symptoms and a high temperature, our prognosis would be grave, but as a diagnostic feature it is worthless.

Respiration.—Rapid respiration may be caused by distention. But when there is very slight distention and a rapid respiration, it is likely to be caused by septic absorption, and then it is of grave import, but septic absorption is not peculiar to appendicitis. Respiration is then worthless as a diagnostic feature.

Distention.—It may be due to constipation. It gives rise to discomfort, and may impede respiration. It may be due to septic infection. There may be and often is paralysis of peristalsis.

But how do all these symptoms, pain, tenderness, circulation, temperature, respiration, distention, septic infection, et al., aid us in diagnosis? Could they not one or all be present in other abdominal lesions?

A great deal has been said and written about McBurney's point. If it means anything it means that the patient has a localized peritonitis, but does it follow that the peritonitis is due to appendicitis?

Rectal and bladder symptoms with radiating pains to testicles, excessive tenderness of the rectum, in absence of piles, are some of the best diagnostic symptoms, but they are not always present in undoubted cases of appendicitis. Bladder symptoms are due to a great variety of lesions and are worthless.

I have read Deaver's recent work on appendicitis carefully, and particularly in reference to differential diagnosis, and I must confess that I have been disappointed. The

whole sum of his diagnosis is the pain in the southwestern corner of the abdomen, and if there is pain in the abdominal cavity, he diagnoses appendicitis and proceeds to operate at once. And wonderful to relate! nearly invariably finds a diseased appendix. Why is this? Since Taft has found thirty-three per cent. of men suffer from disease of appendix, and Treves, has found in a hundred autopsies, past or present, evidence of appendicitis in same ratio, the explanation is easy.

Are we to diagnose every case of pains in the abdomen appendicitis? Then why not throw every man upon the operating table and go into his abdomen on an exploring expedition every time he has the belly-ache? Why not?

The truth is, when a man mounts his hobby and strikes out on a hunt, he generally finds the object of his search.

I am highly pleased with Deaver's plates and his mode of operating. He goes into the details of the operation very explicitly. To those who desire information as to the mode of operation I commend his work.

There are two pathological conditions in the trouble under consideration quite distinct and of very much importance. In perforation of the bowel, either the whole peritoneal cavity is at once infected, or the peritoneum lying adjacent to perforation is alone involved. The first lights up a general diffuse peritonitis of a septic nature, characterized by urgent symptoms, and without immediate surgical aid proceeds rapidly to a fatal termination. In the second, the perforation is not so large, the fecal matter or foreign body is bound in by adhesive inflammation, the suppurative process extends slowly, new masses of pus becoming sacked and walled off from the general peritoneal cavity. The operator in the first condition, has to deal with a general diffuse and often septic peritonitis, and elaborate drainage and disinfection is indicated. In the second, he must be careful not to disturb the adhesions which protect the general peritoneal cavity, thereby having a local abscess to deal with. Operations for the second variety are, as a rule, successful. Of course, if diagnosis is made *early*, before perforation, or before there is any localized tumor, in these days of antiseptic surgery, opening up of the abdominal cavity and cutting off

the appendix is not so formidable an operation. But forming and arriving at a correct diagnosis, before there is a general peritonitis, or a distinct localized tumor, is in my opinion a most difficult matter and often mere guess work. Eminent surgeons of vast experience have operated for appendicitis and found a normal appendix, and this in the face of the fact that 33 per cent. of men have diseased appendices. Not long since I saw Prof. Smith, Prof. of Pathological Anatomy Medical Department State University, who informed me that operation for appendicitis has been performed in Galveston, and the appendix sent to him for examination and he found it to be in a normal condition. My friends, Drs. J. W. Scott, R. W. Knox, and S. C. Red, of Houston, last month operated for appendicitis and found a normal appendix, but a tumor behind it filled with pus. I asked him if he cut the appendix off; he replied in the negative.

If a normal appendix is found, I fear that the operator cuts it off and eases his conscience by reasoning that I'll forever free this fellow from having appendicitis; or on the other hand, something *must be done* after laparotomy has been performed, and the appendix is cut off.

Treatment.—The consensus of opinion is to operate at once; positive diagnosis, or guessed-at diagnosis. I mean by positive diagnosis, where there is a tumor in the right iliac fosse containing pus, with all the other signs, objective and subjective, of appendicitis, or a general peritonitis, whose history has led us to infer that the appendix was the organ primarily involved. In both of these cases I would advise operation, but in the absence of positive diagnosis I would oppose it. Very frequently there are recurrent attacks, or attacks that have terminated, apparently, in resolution, and return again and again; in such cases I would advise operation between attacks. In guessed-at diagnosis, I mean by this when the diagnosis is obscure, and the patient not in eminent peril, or in other words, that which is called the *sub-acute* variety of appendicitis, I would treat medicinally, for the reason that many cases of real appendicitis—if we are to accept the statement of Treves, Taft and Hollander—recover either with or without treatment, and moreover the patient may not have appendicitis at all. I consider it unpro-

fessional, if not criminal, to cut a man open just for notoriety, and for the reputation of having “‘successfully and scientifically’” performed an operation for appendicitis. Hollander reports eighty cases which recovered under medical treatment without fatality in a single instance.\*

This leads us to the treatment without the aid of the knife, which, in a nutshell, is saline cathartics, and in some cases, the cautious administration of opium in some of its forms. Oftentimes the stomach is so irritable that saline will not be retained; then if the bowels are constipated, enemata. *But above all, starvation diet.* Bags of hot water locally applied, or counter-irritants, are exceedingly useful. *Absolute rest in bed for three weeks or a month would be preferable.*

In the *New York Medical Reporter* (April, '95,) I find a series of questions asked.

First—Shall operations for appendicitis be performed outside of hospitals?

I would answer, yes and no. No, if it is practical to get to a hospital; because there are operating rooms with every convenience, light, heat, trained assistants, trained nurses; house-surgeon at all times, day and night, and the patient is under absolute control of surgeon in reference to diet. Yes, if it is impracticable to remove patient to hospital, or time is precious.

Second—Is it advisable to operate immediately after diagnosis is made?

In reply I would say, no. Oftentimes the diagnosis is fallacious, and numbers recover without operation, or even medication directed to appendicitis.

Third—Is it advisable to operate after peritonitis is established?

It depends upon whether the peritonitis is local or general. If local, no. If general, and the patient's condition is such that the surgeon is confident that the peritonitis depends upon perforation with extravasation, yes. There is no other remedy, and this offers the patient a chance.

Fourth—Is it advisable after recovery from an attack

---

\*American Journal Medical Sciences, July, 1890, page 85.



as a means of securing the individual against recurring attacks?

Fifth—What are principal contra-indications to operation?

These (fourth and fifth) I have replied to elsewhere in this paper; to which I will add: Do foreign bodies ever enter the lumen of the appendix and not produce inflammation of this organ? Yes; Dr. L. T. Morrill reports a case (Maryland *Medical Journal*, published at Baltimore, January No., '79) where autopsy was held on a man, aged 48, who had been killed in a railroad accident, and in whose appendix a common brass pin was found; with old cicatrix at junction of appendix and cecum. The point and head of pin being free, and fecal concretion on its middle and no evidence of recent remote inflammation of appendix was apparent. The patient never complained of local symptoms.

Do patients recover, by nature's unaided efforts, more than simple incisions of skin to give exit to the pus after a perforation?

Yes. Among my own patrons is a man whom I examined for inguinal hernia, or appendicitis, and found an old cicatrix. On inquiry as to how it came, I obtained this history: Some fifteen years before, he had been sick for quite a while and bed-ridden for four months, and had a tumor in the right iliac-fossa, which the attending physician lanced, and quite a quantity of offensive pus mingled with some fecal matter escaped, and a fistula remained for some time, which on several occasions gave exit to the contents of the bowels, but finally healed, and he is living to-day within the bounds of this county in enjoyment of good health.

To sum up. *Let it be forever understood* that every case of pain or tenderness, or tumor containing pus, in the right iliac-fossa, *is not* appendicitis. And that every case in which a vast majority of the symptoms, both objective and subjective, coupled with the history, leading to the conclusion that the patient has appendicitis, *does not call* for the surgeon's knife.

The "cutters" will say, operate. Those who are too conservative will say, treat medically. The "middle of the road" is the proper position to occupy.

I am daily expecting some radical writer to advance the theory, that instead of circumcision, as the Jews practice, every child should be operated on and the appendix removed.

In conclusion, let me beg the profession not to run wild over every new craze, such as the Elixir of Life, Koch's Lymph, Pasteur's Inoculation, the Antitoxines and Appendicitis.

---

### Some Observations on Appendicitis.

#### SECOND PAPER

To compete for the Yale Surgical and Gynecological Chair offered by the SOUTHWESTERN MEDICAL RECORD, for good paper on some medical subject. See last cover page.

Perhaps no other subject has attracted so much professional attention during the last decade as has this so-called "new disease," Appendicitis. The daily press has even published various articles in regard to it. The laity are therefore conversant with the fact that somewhere within their anatomy lies dormant the dreaded appendix, only awaiting the "exciting cause" to spring actively into existence, and unless surgical skill be near at hand to aid nature in the resumption of her functions, the sufferer will likely pass rapidly into the great beyond. Sometimes, unfortunately, with the best of skill, we are unable to stem the tide, the abscess ruptures, infection ensues and another victim is added to the already long list. My experiences with the disease have been numerous and varied, and I must confess that several cases had come under my observation before I felt that I was able to treat with sufficient skill this formidable malady. The little organ located in the right inguinal region has afforded subject for the most eminent medical authors in the land.

With the advent of abdominal surgery and the invasion of hitherto inaccessible parts through the medium of antiseptics, a field was prepared for the operation to render curable this hitherto incurable condition. The subject under discussion is one of the utmost importance to the surgeons of to-

day. The great number of cases constantly occurring, the delicate and complicated structure of the organs involved, its proneness to recurrence, without surgical interference, and the fact that few cases are similar, should cause all who contemplate its treatment from an operative standpoint to reflect well before plunging heedlessly into procedures for its radical cure.

The so-called new disease is, however, only a more thorough understanding of abnormal conditions that were formerly recognized as an inflammatory action, followed by the formation of pus in and around the cœcum. By referring to the literature on the subject I find that in 1838 the following localized diseases were recognized in and about the cœcum:

Stercoral typhlitis, simple typhlitis, peri-typhlitis and chronic typhlitis. To the efforts of American surgeons is due principally the advancement made in the diagnosis and treatment of this disease, as well as the fact being recognized that the various morbid conditions enumerated above are the results of one and the same trouble—appendicitis.

The presence of foreign bodies in the appendix is not necessarily, as many have supposed, the only cause *per se* of this disease. Of course, the presence of the grape seed fixed in the appendix would superinduce an inflammatory action, but the consensus of opinion at present is that appendicitis may be due to any of the causes enumerated below:

Catarrhal inflammation, the result of a micro-organism, fecal concretions, tubercular deposits, location of the appendix anatomical structure of the appendix, typhoid fever, and occasionally the presence of foreign bodies. The symptoms of appendicitis in the primary stage are not easy of diagnosis. In order to early determine the presence of this disease, an extensive experience is necessary, more so than in treating many other complaints that require surgical interference. Some difference of opinion still exists as to the fact of appendicitis being strictly a disease that comes directly within the field of the surgeon, and is therefore amenable only to treatment by operative methods. Fortunately, I should say, the theory that a palliative and expectant treatment is indicated and resort had to the knife only as a *dernier* means of relief, is

rapidly passing away, and the time is not distant when we anticipate that all practitioners will advocate the necessity of surgical interference immediately after the diagnosis of the presence of pus. Under my observation have come recently two cases suffering from this complaint. Both objected to an operation. In one, after three recurrent attacks, an operation was finally performed, followed by recovery. The other patient has been sick constantly since the first attack and the time is near when he will either submit to the scalpel or yield to the inevitable result that comes in all recurrent cases.

Appendicitis may simulate other diseases, so that the symptoms are misleading. A case in illustration, treated in December, 1893: The patient suffered from colic, accompanied by vomiting and purging at rapid intervals; a high temperature and rapid pulse. There was no tumefaction in the region of the right 'iliac fossa'. The colicky pain was the only severe symptom present. After considerable persuasion, consent was given to an exploratory operation, but only after collapse. The operation was performed without delay. An abscess of the appendix, deeply seated beneath the cæcum, was discovered; unfortunately it had previously ruptured, infecting the cavity and causing the death of the patient the day following.

No age is exempt from the attacks of this disease. I have assisted in operation upon a boy of six and a man of sixty. Men are more often the victims of this disease than women. I have only found one woman affected with this malady. In three operations recently I have noticed that the appendix was located anteriorly to the cæcum. Inflammatory action had caused an exudate of plastic lymph around the tumor, firmly attaching the abscess walls to the parietal peritoneum.

In these cases the operations were attended with as little danger to the patient as when a large abscess in some other locality had been opened.

The appendiceal abscess will occasionally rupture spontaneously. I recall a patient in whom the abscess had ruptured while asleep. This tendency to rupture with consequent infection, resultant collapse and death almost inevitable, is one of the strongest arguments for an early operation in appendicitis.

Dr. J. B. Young (*Journal of the Royal Microscopical Society*) writes that the soil of graveyards contains, as a rule, more bacteria than virgin soil, the difference being most marked in the deepest layers, although the number of bacteria is not so great as one might expect. The bacteria are not most numerous immediately surrounding the coffin, but at some distance above, while at a short distance below the coffin there is a marked diminution in the number. Liquefying bacteria are abundant in the soil in the immediate vicinity of the coffins. Burial has little if any effect in increasing the organic matter in the upper reaches of the soil, whereas it has a very marked effect on the layers containing the coffin, i. e., at depths greater than four feet from the surface. The organic nitrogen and carbon in graveyard soil are by no means so great in amount as is commonly supposed.

---

The hands should be kept habitually clean. It is an extremely bad habit to "puddle in pus" perpetually. Of course one cannot always avoid touching pus, but one can easily dress suppurating wounds or open small abscesses without getting infectious matter upon the fingers.—Ochsner.

---

We saw in the University Hospital, London, a case of leprosy under the care of Dr. Radcliff Crocker. The patient was an Englishman who had acquired the disease while doing missionary work in Africa. He was so nearly cured that he expected to leave the hospital the next week. The essential part of the treatment had been the hypodermic injection of one-fifth of a grain of the biniodide of mercury twice a week. At the time we saw the patient he had taken about forty-four injections. Dr. Crocker told us that he had accidentally discovered the virtues of this treatment for leprosy in the following manner: A woman had been sent to him from the Sandwich Islands with the diagnosis of syphilis. A review of her case convinced him that it was leprosy. As she had already improved under the hypodermic injection of biniodide of mercury, he continued it and a cure resulted.—L. D. Rogers, A. M., M. D., Chicago, Ill., in *Peoples' Health Journal*.



# Southwestern MEDICAL RECORD.

---

All communications for the editors, original contributions, exchanges, books for review, etc., should be addressed to SOUTHWESTERN MEDICAL RECORD, Houston, Texas.

All communications of a business nature, all money orders, drafts, checks, etc., should be addressed and made payable to ROBT. T. MORRIS, M.D., Secretary, Houston, Texas.

The editors are not responsible for the statements or opinions of contributors.

*To Contributors and Correspondents.*—Original Articles, Clinical Reports, Correspondence upon subjects of General or Special Interest, News Items, etc., are solicited from members of the profession everywhere

---

Entered as second class mail matter at the Postoffice at Houston, Texas.

---

## EDITORIAL DEPARTMENT.

---

The  
Medical  
Press.

A GLANCE at the character and number of medical journals and newspapers in this country is convincing that physicians have no excuse for not being thoroughly informed in their profession and allied branches. Polk's Directory enumerates 279 medical journals published in the United States, 127 of which are

published in the cities of New York, Chicago, Philadelphia and St. Louis.

The American Newspaper Journal, several months ago, catalogued 190 journals and newspapers devoted to the interest of medicine and 36 to sanitation. The combined circulation being about 555,000. The majority of the periodicals are issued monthly.

There are approximately 105,000 physicians; hence there are about 5 journals to every physician.

The press is a knowledge disseminator; it places in the reach of all the result of the latest researches, the most improved apparatus and everything that can assist the physician in practicing his profession. Some contend that there are too many journals; that many are never read, and that they have a tendency to demoralize journalism in this field.

We believe that it has an opposite effect. The fittest always survives; competition being strong, the journals are on their mettle; the contributions are of a higher order and in consequence, the doctor receives a more readable journal.

Medical journals are as necessary to a physician's armamentarium as a scalpel to a surgeon, and the doctor who has not the time to read them, and who does not realize the good they accomplish, is blind to his own interests, and refuses to recognize the most important factor in the advancement of science.

In the struggle for existence the busy practitioner has not the time to wade through some voluminous text book or spend the day gathering data in a large library, when the journal containing the desired information in a more methodical and succinct form is conveniently near.

We would not advise one to subscribe for all the journals, nor to one-twentieth that is published, but select four or five, depending upon his predilections and upon his locality. He should not only subscribe, but he should contribute. Con-

tributions broadens the author's views, instills method and accuracy, sharpens the observation and permits the reader to profit by the writer's success and mistakes, if he is sufficiently candid to mention them. M.

**The Treatment  
of Appendicitis  
According to  
the Authorities.**

---

PROF. JNO. WYETH advises an operation in every case of appendicitis. He says: "The materia medica possesses no agent that can prevent infection of the peritoneum from a diseased appendix, or that can cure the disease when once established." He says further: "In my entire experience with this lesion, I have yet to see a death which could not properly be ascribed to delay in timely and skillful surgical interference." McBurney says: "That if a mild case does not begin to improve in 36 hours, operate." Deaver, of Philadelphia, says: "Early operation is a conservative and not a radical procedure," and advises the surgical treatment of all cases. Murphy operates on every case as soon as the diagnosis is made, even when the temperature is not above 99° F., and the pulse not above 80. White advises an operation in mild attacks of appendicitis, if the symptoms are more severe at the end of 48 hours, or earlier, if there is much pain and tympany. Dr. Norman Bridge believes that the disease is always a surgical one, and operates at the end of 36 hours, if there is no improvement. Dr. Robt. T. Morris says: "Operate as soon as an accurate diagnosis of infective appendicitis can be made." Gerster advises laparotomy and removal of the appendix whenever severe symptoms persist and increase for more than 48 hours. Dr. Samuel Lord, of New York, operates on all cases at the earliest possible moment, and so does Prof. W. F. Westmoreland, of Atlanta.

Dr. Louis Tiffany says: "The pulse progressively in-

creasing in frequency, the temperature rising or remaining high, acute pain on pressure in the right iliac fossa, near McBurney's point, constipation present, with or without a swelling in the right iliac region, rigid right rectus, are the indications which call for an operation.

Dr. W. T. Bull, of New York, is in favor of an early operation, his dictum being: "The more rapid the development of symptoms, the earlier should the surgeon interfere."

Sir Fred Treeves, of London, maintains that the use of a knife is not called for before the fifth day, except in the presence of very emphatic symptoms. Keith, of Edinburgh, is very conservative in his views. He says: "The pendulum has swung too far toward the surgical treatment of appendicitis, and the time is coming, as it has already come in regard to removal of the ovaries, when a definite stand must be made against the indiscriminate removal of the appendix." W. W. Keen, of Philadelphia, is also of the opinion that some of the American surgeons in particular, are too radical in their ideas concerning this affection. He says: "Medical treatment has still its place, and medical men must continue to have special interest in this disease." Dr. Hunter McGuire, of Richmond, claims that if he can prevail upon physicians not to be too hasty in removing the appendix, he will have accomplished a good work.

Swain maintains that in view of the fact that 90 per cent. of all cases recover spontaneously, operative interference in most cases is unjustifiable. He says: "An operation is indicated if pus has formed; and if there is uncertainty as to pus formation, the operation should be delayed." During a discussion upon this subject at the Congress for Internal Medicine, at Leipsig, the prevailing opinion was a very conservative one in regard to surgical interference. Millard, at a recent meeting of the Societe Medical des Hospitaux, ad-

vised the medical treatment of this disease almost to the exclusion of surgical measures, and all of the physicians present agreed with him in this opinion. In view of such great differences of opinion among the authorities, an ordinary practitioner scarcely knows how to proceed in the treatment of this disease, but has this assurance, that whatever course he might pursue, whether of a radical or conservative nature, he will have the sanction of some of the highest authorities in the land.

S.

## ABSTRACTS.

### The Treatment of Warty Growths of the Genitals.

William S. Gottheil, in a paper on "Epitheliona of the Penis," read before the Society for Medical Progress, Nov. 14th, 1896, concludes as follows: (*International Journal of Surgery*, January, 1897.)

1. Warty growths of the genitals, more especially in the male, are always to be suspected of malignancy, no matter how innocent they seem.

2. They should either be left entirely alone, or be thoroughly removed by knife or cautery.

3. Imperfect attempts at destruction, as with nitrate of silver, carbolic acid, etc., are especially to be avoided; there being many cases recorded in which they have apparently stimulated a benign growth into malignant action.

Abstract of clinical lecture delivered at the New York School Clinical Medicine, November 25th, 1896.

A careful consideration and trial of the various methods of treating the syphilodermata has led me to the following conclusion:

1. In the primary stage, when only the chancre is present, no general treatment; calomel locally.

2. As soon as the secondary period sets in, as shown by the general adenopathy, angina, cephalalgia and eruption, the internal treatment for mild cases should be one-fourth to



three-fourths of a grain of proto-iodide of mercury t.d., continued for three months, or until the symptoms disappear. In severer cases, with pustular eruptions, severe anginas, persistent headaches, etc., a course of 6 to 10 intra-muscular injections of 10 per cent. calomel-albolene suspension, 5 to 10 minims at intervals of 5 to 15 days, should be employed.

3. After completion of the course and cessation of the symptoms, employ tonics, etc., without specific treatment, for three months.

4. Thereupon a second calomel course as above; plus a small dose (15 grains) of iodide of potassium in milk after meals. This to be given whether later secondary symptoms of the skin and mucosa appear or not.

5. Second intermission of treatment, lasting three to six months, according to the presence or absence of symptoms.

6. In second year, if tertiary lesions marked by deeper and more localized ulceration are present, give the iodide of potassium, increasing doses 60 to 600 grains daily, as may be necessary. Combine with it occasional courses of calomel injections. If no lesions appear, give a mild course of both.

The best local treatment of the syphilodermata is with the mercurial plaster-mull.

Contagious Impetigo: By William S. Gottheil, M. D.

(Pediatrics, October, 1896). This is a self-limited contagious disease of children appearing in localized epidemics, and first described by Tilbury Fox, in 1864. Accompanied by a moderate fever and some gastric disturbance, there appear on the face and hands groups of flat vesicles filled with transparent or cloudy serum. These dry up into characteristic golden yellow crusts, which fall off in two or three weeks, leaving circular, reddened, non-ulcerated areas behind. Successive crops of vesicles may prolong the disease for two months more. It is undoubtedly parasitic; but though Kaposi claims to have found it, the etiological factor is still unknown. The treatment consists in removal of the crusts with olive oil compresses, cleansing the skin with hot water and

soap, boric acid solution, etc., followed by the use of Las-sar's paste:

R<sup>y</sup> Acid. salicylic..... 30 grains.  
 Petrolati..... 1 ounce.  
 Zinci oxidi.....  
 Amyli..... a. 1-2 ounce.

Hydrozone in Gastric and Intestinal Disorders, by John Aulde, M. D., Philadelphia, Pa. (Published by the New York Medical Journal, August 15, 1896.)

In the present communication it is my object to direct the attention of the profession to its special value in the treatment of gastric and intestinal disorders. In gastritis, for example, there is no antiseptic which can be given with so much benefit as this remedy, because its effect is immediate, and even in considerable doses it is absolutely harmless. The same is true in regard to its employment in typhoid fever, cholera infantum, and Asiatic cholera. In the latter disease its efficacy has been thoroughly demonstrated by a number of well-known physicians, and its applicability in cholera infantum is well-known to those physicians who have given careful attention to the most modern methods in the treatment of this class of cases.

In gastritis, either acute, subacute, or chronic, we have to deal with an unhealthy condition of the lining membrane of the stomach. The inflammation is attended with an increased output of mucus, which seriously interferes with the normal functions of the peptic glands. By the introduction of a small quantity of hydrozone, in the strength of one part to thirty-two parts of boiled or sterilized water, this objectionable mucus is at once destroyed by the action of the oxygen which is released, and the contents of the stomach remaining are promptly discharged into the small intestine. A patient suffering from gastritis should take at least half an hour before meals from two to four ounces of diluted hydrozone (one to thirty-two) and lie on the right side so as to facilitate the action of the stomach in discharging its contents\*

---

\*In chronic cases with a large output of gastric mucous, and particularly in gastric ulcer, concentrated solutions are not well borne at first, owing to the formation of oxygen gas, but this difficulty disappears with the continued use of the remedy, and no treatment of gastric ulcer can be regarded as complete without the local employment of hydrozone.

The antiseptic properties of hydrozone thus used are sufficient to destroy the micro-organisms and leave the stomach in a healthy condition for absorption of nutritive pabulum. All forms of fermentation are promptly subdued by the active oxidation resulting from the liberation of nascent oxygen. The patient is then in a condition to take suitable food, which should be nutritious and easily digested, liquids being preferred until the active symptoms have subsided. Later, small portions of solid food can be ingested, but all food stuffs of a starchy character must be thoroughly masticated, in order to secure the action of the salivary secretion upon the starch granules, breaking them up, and lessening the tendency to fermentation in the stomach. After taking a meal, a patient with gastritis should follow it with medicinal doses of glycozone, which contain, in addition to the nascent oxygen contained in hydrozone, a percentage of glycerin which favors osmosis and assists in re-establishing the functional activity of both the peptic and mucous glands of the organ.

Although brief, it is believed this communication will prove serviceable to a large number of practitioners who have hitherto found serious difficulties in counteracting the mephitic influences of bacteria in this class of disorders, and the clinical virtues of the remedy being now so fully recognized, no one will hesitate to adopt the methods suggested, which may be conveniently carried out in addition to the usual routine treatment.

---

## FROM OTHER JOURNALS.

### The Neuron.

Each neuron originates as a unit structurally independent of every other neuron, and as such it remains despite its subsequent morphologic complexity—*Medical Times and Register*.

The essential parts of each neuron are the *nerve-cell* (in a restricted sense), the *axon* (axis-cylinder process) and the terminals of the axon—the *end-tufts*. The nerve-cells are of various shapes, and have received appellations in conform-

ity therewith. The axon is a differentiated process of the cell-body.

Each neuron is always structurally unconnected with any other neuron. The relation that one bears to another is simply that of propinquity, or possibly, contact. The function of the gemmulæ is to receive the nervous impulses from the end-tufts of the axon (for instance) and transmit them to the dendrites, whence they are conveyed to the cell-body proper. The impulse is further carried throughout the neuron by the axon, which thus serves as a cellifugal conducting apparatus; the dendrites transmitting impulses cellipitally. The impulse is delivered to a muscle-fibre, for instance, occasioning contraction by the terminals of the axon, which, in order that it may distribute the impulse over a large area, divides into numerous fine filaments the end-tufts. These latter, therefore, serve as *organs of emission* or *deliverance* for the impulse. The collaterals functionate as do the axons.

Without doubt the most important part of the neuron is the nerve-cell, with the dendrites, being the nutritional, trophic, receptive and impulsive elements. The dendrites are parts of the cell-body, being split-up portions of its periphery. They resemble the cell-body in structure and in function. The nerve-cell has been aptly termed the vital part of the neuron. The axons, collaterals and end-tufts, outgrowths of the cell-body proper, are of secondary importance. They conduct and deliver impulses to neighboring regions that are not in direct association with every other part. There is no one part that functionates absolutely independently of every other part.

The theory of the motility of the neuron aptly explains certain hysterical, hypnotic and other functional states (sleep), and may also serve to account for certain morbid manifestations the nature of which we do not understand (tachycardia). Various so-called system-diseases of the nervous system are now known to be due to disease of neurons functionally allied, a system of neurons. The fact that the more distal part of any axon (as the axis-cylinder of a nerve-fibre) is the least resistant to the morbid influence of various agencies, permits of our comprehending the occurrence of peripheral neuritis

due to alcohol, arsenic, etc. We have also been able to discover the anatomic basis of certain mental diseases.—*Monthly Retrospect.*

---

## SOCIETY NOTES.

To Southwestern Medical Journal.

Mr. Editor—The Western Ophthalmological, Otological, Laryngological and Rhynological Association meets in St. Louis, Mo., on the second Thursday and Friday of April, 1897. Physicians desiring to read papers are invited to send subjects to the secretary at once. The railroads will give us one and a third fare, on the certificate plan. Programs will be mailed February 1, 1897. The profession are cordially invited to attend.

HAL FOSTER, Secretary.

---

## NEWS AND MISCELLANY.

Dr. Gobers, of Beaumont, spent a few days in the city last week.

DuBois Raymond, the physiologist, died at his home in Berlin on the 27th of December.

Fort Wayne (Indiana) Medical College is preparing to build a new college, to cost \$10,000.

The American Medical Review is again under the editorial management of Dr. Daniel Lewis.

La Grippe is again widely prevalent over the United States, more especially the cities of the states.

Dr. J. C. Feilds, newly elected member of the legislature from Denison, promises to push medical legislation with a vim.

Dr. Henricks, from Huntsville, was in the city, attending the Bryan lecture. Dr. Ralston, of Galveston, was here on the same mission.

The paper on appendicitis by Dr. F. R. Collard, in this issue, is from the standpoint of actual experience, and will consequently merit your careful attention.



The next number of THE RECORD will contain an article on Malarial Haematuria, by Dr. Bat Smith, who has had a large experience in treatment of the disease.

Dr. J. R. Stuart, president of the Texas Association of Railway Surgeons, reports a very satisfactory meeting at Dallas. The next meeting will occur at Galveston, in July.

Dr. Byron, using the actual cautery, has succeeded in curing a little over 61 per cent. of carcinomatous patients. He counts a case cured when there is no return after two years.

M. J. Breitenbach Co. is receiving the thanks of many a physician, for the handsome Year Book for 1897, mailed him by this company, in which they advertise Gude's Pepto-Mangan.

Our readers will observe that this number of THE RECORD is largely devoted to appendicitis, and this number alone is worth a dollar to the careful reader, the price of THE RECORD for one year.

The January number of the Cleveland Journal of Medicine wears a new dress. The Journal is one of the best journals on our exchange list, and THE RECORD is glad to note its prosperity.

Claudius H. Mastin, M. D., of Mobile, Ala., has been requested and has consented to serve as one of the members of the American National Committee of the Twelfth International Medical Congress of 1897.

Dr. David Cerna, a son of the land of the Montezumas, and attached to the chair of physiology at Galveston school, has been appointed by President Diaz as consul for the Mexican government at that point.

A judgment of \$1000 was rendered last month against Dr. Curtis, of Waco, for alleged neglect that resulted in the death of a patient. It is coming, sooner or later, to us all; so Doctor, get your property in your wife's name.

Dr. N. Senn, president of the American Medical Association, has been in the coast country for the past few weeks

in search of health and recreation. Dr. A. C. Scott, chief surgeon of the Santa Fe Railway, is with him in the capacity of host.

One of the most artistic calendars for the year 1897, sent to the physicians, is a series of skeleton sketches sent out by the Antikamnia Chemical Company. They are reproductions of the original water colors from the brush of an artist known to the fraternity, Louis Crusius, M. D.

THE RECORD has received the initial number of the American Medical Journalist. The outside of the Journal, or cover, gives it the appearance of a patent medicine almanac. The contents are of choice matter, of high merit. We feel sure that Dr. Charles Wood Fassett will make it a success, and it has the hearty good wishes of THE RECORD.

Dr. R. McElroy, health officer for Houston, makes a report to the city council from which we extract the following: Mortality for 1896, slightly over 14 per mille; mortality for colored, slightly under 18 per mille; mortality for whites, slightly under 14 per mille. There were 709 deaths, of which 418 were white and 291 colored. Basis of estimate, 50,000.

Theodore John Warmley, M.D., Ph.D., LL.D., professor of chemistry in the University of Pennsylvania, died on January 3d, of gastritis, at his home in Philadelphia, aged 70 years. Prof. Warmley was a member of numerous scientific bodies, and was a frequent contributor to scientific journals. He leaves a widow and two daughters.

Every medical man should be a member of a medical society. He will never know how great a man he is till some one praises him in a discussion, nor how small a man till some pompous fellow-member takes him to task; but all these frictions serve but to round and smooth a busy life, and no one can do without it who desires to be a physician in the highest acceptancy, and not a man who doctors.—*Atlantic Medical Weekly*.

Effects of tobacco upon the stomach.—M. Lyon, an eminent French physician, has recently published in the *Union Medicale* an account of careful researches which he has car-

ried out respecting the effects of tobacco upon the stomach. He finds that tobacco lessens the contractility of the muscles which partly compose the walls of the stomach, thus producing indigestion and dilation. This is an important addition to the charges which medical men have brought against tobacco.

The physicians of Indiana are actively at work preparing a medical law for the State. On December 11 a meeting of the chairmen of the legislative committees of the four State societies, regular, homeopathic, eclectic and physio-medical, was held in the office of Dr. W. N. Wishard, of Indianapolis. They agreed in a preliminary way upon a measure similar to the Ohio statute. The committee engaged in drafting the essential features of the proposed measure consists of Drs. W. N. Wishard, chairman, O. S. Runnels, W. F. Cunyer and E. M. Haggard. The Indiana Academy of Medicine is also reported to be engaged in drafting a medical law.—*Cleveland Journal of Medicine*.

A two-days' successful meeting, January 26, 27, of the Texas Association of Railway Surgeons has just concluded at Dallas, Texas. For the succeeding year Dr. W. H. Monday was elected president and Galveston chosen as the place of meeting—August being designated as the time. Dr. C. B. Foscue, of Waco, related a remarkable case of one D., injured at Crush, Texas, by a two-inch jack-bolt entering the right cranial cavity, by way of the eye. At the time of the accident the man was not supposed to have been injured further than the loss of his eye, but on the following day when dressing the wound, a bolt two inches long, having a nut one inch square was found to have imbedded itself completely within the brain tissue. The bolt was removed without difficulty and to-day the man is as well as ever, save for a glass eye.

---

#### A Psalm of Life.

Let us, then, be up and doing,  
With a heart for any fate;  
We can cut no ice while swinging  
Here upon the garden gate.

—*Cleveland Leader*.

## A Character Sketch in Verse.

It's with apologies to Poe  
 For little things he did'n't know  
 About "the bells, the bells, the bells,"  
 The tinkling bells, the double bells,  
 The twin-ed bells of high-pitched tones  
 That grace the tops of telephones.

The doctor sits in dishabille  
 Before the call to morning meal,  
 And reads the news of far-off seas—  
 The Cuban war news, if you please—  
 The local dots are just begun,  
 Where Mrs. Smith has brought a son

To grace her home, of ten-pound weight  
 (The doctor said 'twas only eight),  
 That double bell begins to ring,  
 Ting-ling, ting-ling, ting-ling. ting-ling.  
 You are wanted now "at once."  
 "That durned old stupid dunce

"Has been in bed a week or more,  
 And calls me out in haste, before  
 I've had a single snack to eat,  
 As if he's not an old dead beat.  
 I'll go and see the 'blasted Sioux,'  
 As I have nothing else to do."

"Not a cent I've made to-day,  
 The office bare, more bills to pay,  
 For Mary's shoes and hat and gown—  
 I had as well be out of town."

That double bell begins to ring—  
 Oh, how it seems to dance and sing!  
 "A fee's in sight, a call at last;  
 Some good old friends are holding fast;  
 I'm not forgot by every one—  
 There's still left something to be done."

When stupid patients won't go 'way,  
 That joyous bell then seems to say,  
 "You have a call and now must go,  
 Just frown and tell the patient so."

The testy doctor says nothing!  
 If that pesky bell should ring  
 When he's hardly at his meal,  
 Or from sickness he should feel

Quite outdone. Oh, no! Oh, no!  
 He's a martyr, you must know,  
 And holds his hand upon his heart,  
 When that bell it gives a start,  
 In sudden quickness, with a kling!  
 That double bell, that devilish thing!

The work is over for the day,  
 The supper things are put away,

The doctor sits in slippared feet  
 And smokes the fragrant "La Petet,"  
 And drubs his brain for something new  
 To cure the case of Mrs. Drew,

When, lack-a-day, that bell will ring—  
 That double bell, the elfish thing—  
 To drive the thoughts of therapy,  
 In search of serums, to infinity.  
 He thinks he'd better dress and go  
 And give another placebo.

Sleeping beauty would not do,  
 Ixion bound is more true,  
 When doctor, somewhere 'long toward day,  
 Hears Mary cough and hoarsely say,  
 "Telephone! telephone!"  
 Golly! but the way he moaned!

Coming to, he heard the rain,  
 And I will not write again  
 What that angry doctor said.  
 It is better heard, or read,

In a place they once called hell,  
 When he heard that double bell  
 The twin-ed bells of high-pitched tones  
 That grace the tops of telephones.

#### REPRINTS RECEIVED.

"Solutions Debell." By Edwin Pynchon, M. D., of Chicago, Instructor in Rhinology and Laryngology, Chicago Post-Graduate Medical School; Attending Surgeon for Diseases of the Nose and Throat Dispensary of the Illinois Medical College; Assistant Aural Surgeon Illinois Charitable Eye and Ear Infirmary."

"The Pathfinders." Delivered to the Graduated Class of the Barnes Medical College, St. Louis, Mo., March 17, 1896, by James T. Jelks, M. D., Professor of Gynecology and Syphilology in Barnes Medical College, St. Louis, Mo.; formerly Professor of Genito-Urinary Surgery and Venereal Diseases in the College of Physicians and Surgeons, Chicago; Ex-President of the Arkansas Medical Society; Ex-Secretary Obstetric and Gynecological Section American Medical Association; Member Chicago Medical Society, Mississippi Valley Medical Society, American Association of Obstetricians and Gynecologists, and Southern Gynecological and Surgical Association, and Ex-chairman of Section on Anat-



omy and Surgery of American Medical Association; Consulting Surgeon Missouri Pacific and Iron Mountain Railways, Hot Springs, Ark.'"

"The New Parasitic Mite 'Acarus Incapsulator,' or 'Sarcoptes Tricho-Genetos' (Boeking).'" A Microscopic Study and Reply. Rudolph Menger, M. D., San Antonio, Texas.

"Anterior Soft Hypertrophies of the Nasal Septum. By Edwin Pynchon, M. D., Chicago, Ill., Attending Surgeon for Diseases of the Nose and Throat at Clinic of the Illinois Medical College; Assistant Aural Surgeon to the Illinois Charitable Eye and Ear Infirmary.

"Gonorrhœal Iritis and Non-Suppurative Gonorrhœal Conjunctivitis, and Their Pathology.'" By William Cheatham, M. D., Professor of Ophthalmology, Otology and Laryngology in the Louisville Medical College, etc., Louisville, Ky.

### PUBLISHERS' NOTES.

Radford & Hutchinson, wholesale and retail grocers of this city, have the model grocery house of the South.

Malt-Nutrine can now be had at any drug store in the city. It is invaluable for convalescents, nursing mothers and persons suffering with wasting diseases.

Attention is called to the advertisement, on another page, of the "Nurses' Home," at 1805 Preston, where trained nurses can be obtained for any part of the city or state.

Also, in this issue will be seen the Oak Lawn ad. This institution is under the medical supervision of Dr. Frank Parsons Norbvy, who has had a long experience in such cases.

Sour Lake is now under a new management—The Sour Lake Company—gentlemen well known in business circles. It is gratifying to know that the remarkable resort is under such a management, and we can most assuredly recommend it.

We call attention of our readers to the preparation of Nelson, Baker & Co., of Detroit, Mich. Their Uterotonic and Cascara Carminative are worthy of trial. The Cascara-Combination is specially good and appeals to one very strongly, as there are so many inferior ones in the market.

# *Southwestern Medical Record.*

A MONTHLY JOURNAL OF PRACTICAL MEDICINE AND SURGERY.

---

VOL. II.

MARCH, 1897.

No. 3.

---

## **Malarial Haematuria. \***

BY. BAT SMITH, M. D., OF WILARTON, TEXAS.

### HISTORY.

Prior to the recent civil war between the states, malarial haematuria seems not to have attracted the attention of Southern physicians in any great degree. As late as 1867, in the March number of the New Orleans Medical and Surgical Journal, we find the following from the pen of Dr. Francis Barnes: "In the interior of Louisiana, in the most malarial regions of it, as the Tensas Swamp, there is a singular and very fatal affection which has not yet received a name, which I shall describe and let another give it one."

Dr. R. F. Michel, an able and eminent physician of Montgomery, Alabama, calls it a malignant malarial fever, and gives an admirable and accurate description of the symptoms, yet, strange to say, he dates the history of the disease from the year 1867, and furthermore, states that it is a fever peculiar to the Southern part of the United States.

---

\*Read at South Texas Medical Association, in December, 1896.

## THE SOUTHWESTERN

In 1886, R. H. Day read a paper before the State Medical Society at Baton Rouge, Louisiana, in which appears this statement: ‘‘The literature of hemorrhagic malarial fever is very meagre, and dates back to only a few years in the past. Our old authors do not mention it, if I recollect rightly, and even our recent standard authors are nearly, if not quite silent.’’

Strange, indeed it is, that the history of a disease, which has for the last thirty years engrossed so much of the attention of the medical profession, should have been so entirely overlooked.

More than twenty three centuries ago, Hippocrates (B. C. 480) recognized the disease as one of malarial origin. This hemorrhagic malarial fever was well known to the Greek, Roman, Arabian and Egyptian physicians, as a careful examination of their literature will plainly show. From the earliest ages it had been frequent and fatal in the countries bordering on the Euxine and Mediterranean seas.

Arataeus, the famous physician of Cappadocia, who lived in the first and second centuries of the Christian era, and who was considered to rank next to Hippocrates, clearly describes hemorrhages from the kidneys in malignant malarial fever, as distinguished from those hemorrhages produced by other causes. His works, written in singularly elegant and concise Ionic Greek, are in a state of almost complete preservation.

In the reign of the Emperor Trajan, Rufus describes with minute accuracy the different shades and colors of the urine in malignant malarial fever,

Cornelius Celsus, called the Roman Hippocrates, flourished in the reign of Augustus Caesar, and introduced the Hippocratic system among the Romans. He called attention to the dangerous symptom of blood in the urine during severe attacks of fever portending danger, and pointing to a fatal termination. He also affirms that the bilious and malignant fevers are most frequent in low and marshy countries, and prevail to the greatest extent in the latter part of the summer and autumn.

Galen also did not fail to recognize the disease, and al-

ludes to blood in the urine of patients suffering with malarial fever as one of the gravest symptoms.

Haematuria in malarial fevers was carefully noted by many more of the older writers, among others we may mention Prosper Alpinus, who stated that malarial fevers are both frequent and fatal in Egypt and in the autumn, after the recess of the Nile.

He thus describes the symptoms: "They begin with nausea, great sickness at the stomach, extraordinary inquietude, vomiting of acrid bile, putrid bilious stools, and alarming hemorrhages from the kidneys."

Paulus Agineta, the celebrated Greek physician of the seventh century, fully corroborates and gives an interesting account of hemorrhages from the kidneys in malarial fever. His descriptions of diseases are brief and succinct, and also complete and exact.

Henry de Mondeville, physician of Philippe the Fair (Le Bel) King of France, A. D. 1306, and perhaps the foremost medical man of his age, was well acquainted with haematuria in malignant malarial fever, and looked upon it as a symptom of great danger.

London, before the great fire of 1688, was frequently visited by malignant forms of fever, causing great mortality, especially among the poorer classes; the water supply was very deficient, the sewerage bad, the streets narrow and dirty, the houses built of wood were very inferior and over crowded. The fevers were characterized by frequent and alarming hemorrhages, yet, whether hemorrhagic malarial fever prevailed, I am unable to say.

Hemorrhagic malarial fever has been described by numerous reliable physicians in many lands.

In France by Jean Senac, physician to Louis XV, by Le Roy at Montpellier, by Boullon and Alibert in central France in the early part of this century. In Italy by Lancise in 1695, and later by Forti and others.

Dutrouleau, surgeon in the French navy, found it to exist in the Danubian provinces, and also in French Guiana, where Dr. Laure pronounced it to be more fatal than yellow fever. Daulli declares this hemorrhagic fever of the Guianas to be identical with the fever of Madagascar as described

by Lebeau (pernicious icteric). The name (*Fievre Melan-a-grique des pays chauds*) was given to it by Beranger-Fer-rand of the French Navy, and it was looked upon as an en-demic fever by the French physicians on the West coast of Africa.

James Lind, in the last century observed the fever in many of the West Indian Islands, and remarks upon its great mortality among the Europeans. Daniel Blair also reports the disease in the West Indies, Trinidad, and the Guianas. It exists in Brazil, and we have ample proof of its existence in the Mauritis, at Surinam and Java, proving very fatal to the Hollanders.

The reports of John Huxham, written nearly a century and a half ago, as well as those of J. Ronald Martin, Robert Jackson and others of more recent date, show to what an alarming extent the disease prevails in India.

In our own country the disease was observed by a num-ber of physicians years before the close of our civil war, among others I may mention Dr. C. G. Glidden Young, of Louisiana in 1843. Dr. T. H. Anderson, of Mobile, Ala-bama, was acquainted with the disease prior to 1850, and Dr. A. G. Mabry, a much beloved and highly respectable mem-ber of the medical profession, said in 1870, "It is a mistake to suppose that this is a new disease. More than twenty-five years ago I treated in the vicinity of Selma, cases of inter-mitting fever, presenting in a marked degree all the symp-tome characteristic of these cases at the present day."

Much more could be written relative to the history of malarial haematuria, but I have only attempted to adduce proof that the disease is not peculiar to the Southern part of the United States, that it is not a new disease, and that it was well known to the ancient physicians from the earliest ages.

#### ETIOLOGY.

Malarial toxæmia of long standing seems, as a rule, to be the *conditio sine qua non*." Usually, the alarming symptoms of malarial haematuria do not manifest themselves until the subtle poison has wrought through the economy such destructive changes as to render the organs unfit to



perform their proper functions. The universality of the presence of malaria in alluvial regions is a well established fact; there springs from the soil an enemy, which though silent and unseen, instils into the system a virulent poison, which deteriorates the constitution of those whom it does not immediately kill.

That malarial poison is specific, admits of but little doubt.

There is no other known agent capable of producing the same morbid phenomena.

It is true, many have at different times claimed to have discovered the identity of the bacteriological characters of the poison; but no one has as yet, demonstrated its specific poisonous action upon the system. There is no doubt however, that the malarial poison whatever be its nature, brings about an extensive destruction of the red blood corpuscles, and also to a greater extent in malarial haematuria than in any other form of the disease. The most destructive forms of malignant malarial fever, producing splenic and hepatic enlargement, haematuria, heart clot, heart failure, and failure of the nerve centers, are brought about by almost unobserved action of the malarial poison upon the constituents of the blood, and more particularly, upon the red blood corpuscles.

#### ANATOMICAL CHANGES.

The exterior of the body generally is of a yellow color, as a rule, somewhat darker than in yellow fever. Sometimes the skin is of a bronze color. There is generally quite an extensive discoloration of the more dependent portions of the trunk and extremities, due to hypostasis. The muscles are of dark reddish blue color. Rigor mortis strongly marked.

In yellow fever we find a soft, flabby heart, due to fatty degeneration, the sarcous elements of Bowman having undergone a retrograde metamorphosis, and become converted from albumen into fat; in malarial haematuria, however, we find a firm, natural heart, except as to color, which is of a dark purplish red. The sarcous elements of the muscular structure seems to be in a normal condition, and but few fat globules are to be found. Occasionally I have found evidences of congestion in the lungs, but as a rule, they were ap-

parently in a healthy condition. The stomach usually gives evidence of congestion, containing at times, a quantity of blackish or greenish black substance, in which was found a few blood corpuscles and large quantities of bilious matter. The entire mucous membrane of the stomach is generally found discolored by bile.

Among the anatomical changes presented to us in fatal cases of malarial haematuria, is the remarkable condition of the brain. A due appreciation of the morbid process in this organ is of great importance, as it furnishes an explanation of the cerebral disorders accompanying these paroxysms.

The dura mater nearly always presents a normal appearance, except that, in a few instances, I have found it very slightly tinged with bile. The pia mater, on the other hand, was more deeply tinged with bile, its larger blood vessels were filled with blood, and the microscope disclosed the fact that the capillaries were also filled with blood.

The gray substance of the cerebrum and cerebellum are usually of a blackish gray color, and its different layers difficult to distinguish. This dark ashy color of the cortical substance is due, as was proven by the microscope, to an enlargement of the capillaries with blood of a dark granular appearance. The dirty yellowish color of the white substance is due to the same cause.

This increased amount of blood in the brain renders its weight abnormally large. This congestion is ordinarily attended by a considerable effusion in the subarachnoid space, and not unfrequently accompanied by an opacity of the arachnoid membrane.

The anterior and posterior horns of the lateral ventricles, but especially the posterior horns, were in most cases found filled with an abnormal amount of yellowish serum; the larger vessels of the walls of the lateral and fourth ventricles, like the vessels of the pia mater, give evidence of a heavy congestion. Urea was found in large amount throughout the substance of the brain.

The spleen was always found to be enlarged far beyond its normal size, and in one case, I found it ruptured. The pulp is of a dark muddy color, soft, so as to be easily torn, and though it does not turn red, yet it assumes a slightly

brighter hue when cut into and exposed to the light. The changes in this organ seem, in the earlier stages of malarial fever, to be nothing more than a simple hyperaemia, that is to say, a heavy congestion of the veins belonging to it, but as the case progresses, a profuse exudation seems to occur within the parenchyma of the organ, accompanied by a rich deposit of pigment, imparting to it its peculiar dark, muddy color; the capsule is frequently, subject to inflammatory action.

The liver is enlarged, of a dark slate color, and when cut into, the color is of a deep bronze. Under the microscope a large number of this pigment particles are to be seen; in many of the hepatic cells a large number of pigment granules are deposited.

The gall bladder is much distended and filled with a viscid bile of a very dark green, almost black appearance, and of granular consistency.

The lesions found in the kidneys are by far the most important which were revealed by these autopsies. The exterior of the kidneys were of a dark bluish red, presenting here and there on their surface, dark blackish spots. When opened, the same dark bluish red color was found. The whole organ was heavily congested, in fact, the lesion amounted to an active inflammation.

All the blood vessels, from the largest to the smallest, were distended with blood. There was also evidences of hemorrhages in the Malpighian corpuscles, filling a large number of the tubuli uriniferi with coagulated blood, these latter structures were in addition desquamated, and almost totally denuded of their pavement endothelium, and in many instances entirely so.

All the ganglia of the sympathetic chain are of a yellow tinge, due to bile.

The blood is generally thin and watery, its serum of a golden yellow color, due to bile pigment, which imparts a yellow color to the different organs. The red blood corpuscles are greatly diminished in number, and, as a rule, unusually pale, and a few of them contain small pigment granules. Under the microscope a large number of pigment granules are to be seen. The white corpuscles also contain small pig-

ment granules. No chemical analysis of the blood was made by me; but it is admitted that the fibrine of the blood is diminished in a very marked degree in quantity, as well as being deficient in quality. Albumen is present in less than its usual quantity, and the salts of the blood are also wanting to a great extent.

#### SYMPTOMS.

As stated before, malarial haematuria does not, as a rule, manifest itself except in those who have been exposed to malarial influences for a considerable length of time. The attack is sometimes ushered in with a chill; then, again, the first indications are frequently a feeling of languor, weakness and great faintness, accompanied by a yawning, stretching, pain in the back and limbs, a feeling of pressure in the epigastric region, headache and nausea. These sensations are soon followed by a sensation of chilliness, not infrequently alternating with slight flashes of heat. These cold sensations increasing, the chill soon becomes fully developed. The limbs tremble involuntarily, rapid and successive shudders run through the frame, the teeth chatter, the lips quiver, the respiration becomes irregular and hurried; this latter symptom, together with the quivering of the lips, renders the speech indistinct and interrupted. At this stage vomiting often sets in, and it soon becomes severe and distressing. The pulse is hard and frequent; the tongue heavily coated, of a greenish cream color, the posterior portion thereof being, as a rule, darker than the anterior. The average duration of the chill is about one hour, but it varies greatly in different cases, exceeding at times not more than a few minutes, and again lasting from three to four hours, and even more. It may assume the form of a mere chilly sensation or shudder, or the attack may be ushered in with the manifestation of the direst symptoms of the disease in all their terror.

The hot stage does not make its appearance suddenly. The chill gradually gives way, being at first only interrupted by occasional sensations of heat, a permanent feeling of warmth only coming on by degrees. Eventually all stages of the cold stage disappear, when the patient is affected by a

universal burning heat, which, in many cases, becomes almost intolerable. The skin now assumes a golden yellow color, growing deeper as the disease progresses. This yellow color of the skin does not, as a rule, come on gradually, but is often very sudden. It is, however, always uniform, and not infrequently it becomes of a deep yellowish green or bronze. The conjunctiva is also very much discolored by bile. The headache, which existed in the cold stage, now increases in intensity, and becomes very distressing.

The vomiting increases, and is in many cases, almost incessant. The substance vomited is usually a dark, viscid grumous bile, with occasionally a trace of blood; blood however, is not as a rule, present in the vomit of malarial hæmaturia. Sometimes we find it, but not often, and even then in small quantity.

Physical examination shows unusual enlargement of the liver and spleen. This condition of the liver causes the patient to suffer severely in the right hypochondriac, but more especially in the epigastric region, just below the ensiform cartilage; this is owing to the pressure upwards of the liver against the diaphragm, preventing the lungs from expanding to their full extent, and impeding respiration. In all cases of malarial fever complicated with hæmaturia which have come under my observation, the hemorrhage has commenced during the cold stage, or in a very short time after.

The urine is generally of a muddy, brownish red color, and sometimes of a brighter red, but as the disease progresses it frequently becomes of a deep brown and greenish black. Microscopical examination shows numerous cells from the kidneys, tubuli uriniferi discolored by the coloring matter of the bile and blood; large numbers of blood corpuscles, a few unchanged or apparently so, but most of them cremated and disintegrated. Chemical examination shows the presence of blood and albumen, also bile, the latter in large quantity. The specific gravity rather low, ranging from 1013 to 1017. Reaction acid.

The pulse in this disease, is as to frequency not in keeping with the temperature, its rate being as a rule, much lower than in other forms of malarial fever. This being in all



probability due to large amount of bile present in the circulation.

In some cases death results from exhaustion, brought about by the incessant vomiting and loss of blood through the urinary organs. These patients die in a collapsed state, with a small thready pulse, and cold clammy skin.

In the severer forms of the disease, the discharges of bloody urine frequently cease suddenly, followed by a total arrest of renal functions, and if this missing function of the kidneys be not promptly replaced, convulsions, delirium and death will ensue.

In these forms of the disease we sometimes meet with cases where, although no suppression of the renal function exists, a sudden collapse occurs, followed by prostration and coma; the pulse becomes fast and small, the temperature of the body approaches that of the surrounding atmosphere and death quickly closes the scene. These collapses are due to sudden effusions of liquor sanguinis into the ventricles of the brain. Many of the fatal cases are accompanied by intense jaundice, and uncontrollable vomiting, and also profuse hemorrhage from the kidneys, denoting congestion of the same, with rupture of the malpighian vessels, and extensive desquamation of the tubuli uriniferi.

#### DIAGNOSIS.

Although the symptoms of malarial haematuria are very strongly marked, yet there are several diseases which bear some resemblance to it, the most prominent of these being yellow fever.

Brenoult reported haematuria as existing to an alarming extent among the French troops in Egypt, yet, in a large number of his cases the leading symptoms of malarial haematuria were wanting. It was later discovered by Bilharz, that these hemorrhages were produced by a parasite, afterwards named by Cobbold, "Bilharzia."

This "Bilharzia Haematobia," was also found to exist in Brazil, and on the coast of Africa, and was accurately described by Dr. Harley, at the Cape of Good Hope. It was also found to be the cause of that remarkable haematuria existing at the Mauritis, where three-fourths of the children

were reported to be affected with haematuria at one time or another. In these cases the blood is in small amount, and usually appears with the last portion of the urine voided. The urine itself is, according to Harley, never bloody. Hemorrhages from the kidneys produced by other causes, such as traumatic lesions from outward violence, cystitis, calculi, carcinoma, congestion of the kidneys from exposure, congestion from different poisons, or from various acute diseases, such as malignant measles, Bright's disease in the acute stage, small-pox, scarlatina and others, are marked by symptoms so peculiarly their own, that it is hardly necessary to point out the difference between them and the symptoms of malarial haematuria.

Yellow fever, however, bears a much closer resemblance, and one disease might be mistaken for the other. The color in yellow fever is not so intense, and it never assumes the deep bronze hue of malarial haematuria; haematuria, as a rule, is marked by well defined remissions; yellow fever not. In yellow fever there is a great tendency to hemorrhage from the gums; in malarial haematuria this is not the case. Vomiting in malarial haematuria is frequently an early symptom; in yellow fever black vomit usually begins but a short time before the fatal termination of the disease. The vomited substance in malarial haematuria contains large quantities of dark, blackish green bile, blood rarely present. The black vomit of yellow fever consists chiefly of blood, together with epithelial cells, and disintegrated portions of the mucous membrane of the stomach; bile is absent. The reaction of black vomit is alkaline, owing to the presence of ammonia, resulting from the decomposition of urea. The reaction of the vomit of malarial haematuria is acid. In malarial haematuria the albumen in the urine is of a deep reddish brown color. In yellow fever, it is generally more abundant, and its color is a golden yellow.

#### TREATMENT.

It is with diffidence that I submit this portion of my article to your consideration, knowing as I do, that my opinion relative to the proper mode of treatment of malarial haematuria is at variance with that of many eminent members of

the medical profession, yet, if I can be permitted to trespass a little longer upon your patience, I will try to give you the reasons for the faith that is within me.

There is no doubt that the termination of any case of malarial haematuria will depend upon the extent of the lesions in the kidneys, and it is a matter of the greatest importance to eliminate the materies morbi, and so shape our therapeutics as to re-establish, in the shortest time possible, the functions of the different organs in equally balanced activity. Now we know that the tubuli uriniferi are filled, to a great extent, with coagulated blood, and a large number are almost totally denuded by their pavement of epithelium (endothelium) by reason of the inflamed and congested condition of the kidneys. We know, also, that the function of this pavement of epithelium is to separate from the blood certain substances which are the result of chemical action in the body. And chemical analysis shows that eleven-twelfths of the urea, which should pass out of the system through the kidneys, is retained in the circulation, and should relief not be speedily obtained, the patient will most surely die of uraemic poisoning.

It is also a well known fact that the simpler a tissue is in structure, the more rapidly it is regenerated; and of all the anatomical elements, the epithelial cell is the simplest in structure. The indications, therefore, would be to give the kidneys absolute rest, and to throw the entire burden of the elimination upon the skin and bowels. By so doing, and relieving the kidneys of their congested condition, the pavement epithelium will be regenerated in a remarkably short time, and the renal functions re-established.

The remedy which in my experience has given the best results is calomel in decided doses, and if we cannot get the mercury to act promptly as we should wish, it should be followed by some active hydrogogue. In many cases it would be well to administer, at the outset, a large enema of warm water, as constipation is the rule, and not the exception. To encourage the action of the skin, hot mustard foot baths should be given, and the body sponged off with hot water and alcohol in some form. I have also used with great satisfaction in these cases some of the derivatives of coal tar,

but more especially phenacetine in doses of from five to ten grains, combined with one-fourth to one-half grain of ipecac and one to two grains of the citrate of caffeine. Of course these remedies should be given with caution, and the heart's action carefully watched.

Although the author is aware of the diuretic properties of calomel and caffeine, yet the former is given in such doses that the cathartic effects alone are obtained, and the caffeine is in small doses—in fact, the diuretic properties of the latter drug are neutralized by the diaphoretic action of the phenacetine.

Diuretics are, above all the remedies, those which are most certainly contraindicated. The kidneys are already overcharged with blood, and we should surely not wish to add fuel to the flame. Yet some very intelligent physicians claim to have found this class of remedies very serviceable; but it seems to me that an attempt to lash a crippled organ into the performance of function is very unreasonable.

The use of haemostatics, which is held in high estimation by a number of practitioners, have, in my experience, proven somewhat disappointing; and, although I would be far from condemning the use of ergot, gallic acid, or the elixir of vitriol, in some cases where the hemorrhage is unusually obstinate, yet I would rather rely upon some preparation of iron, and by preference the dialyzed iron. It is mild, can be given in large doses, and the stomach bears it well.

The hyposulphite of sodium has been extolled by some practitioners as a highly useful remedy in malarial haematuria. I have given the drug a fair trial, but have found it of little use, and the verdict of other physicians with whom I have conversed on the subject is decidedly adverse.

I have always found it necessary to keep the skin and bowels acting freely, until the renal functions shall have been re-established, at the same time sustaining the patient's strength as much as possible. If the calomel be given in the powdered form it acts more readily, and is too heavy to be vomited. The vomiting generally ceases when the mercury begins to act.

The disease being of malarial origin, many writers maintain that the first indication is to secure complete cinchonism

as early as possible, claiming that, as the hemorrhage originates during a chill, the course of treatment which breaks the recurrence of the paroxysm will mitigate the hemorrhage, if it does not stop it altogether. They therefore advocate the administration of the sulphate of quinine in large doses. In differing radically from this view of the treatment of malarial haematuria, I am well aware that I subject myself to much adverse criticism.

Yet, as far back as in the days of Orfila and Pereira, sulphate of quinia was recognized as having powerful diuretic properties. It is frequently found in the urine unchanged, as sulphate of quinia, and acts as an irritant to the kidneys. This is not denied by our more recent authors. Knowing the lesions existing in the kidneys, I early refrained from giving the sulphate of quinia, or any of the salts of cinchona, preferring to rely on mercury and on the diaphoretic action of the skin to eliminate the poison, rather than to risk aggravating the already dangerous condition of the renal organs. In this view of the action of sulphate of quinia I am fully sustained by most, if not all, of the physicians of my section of the country, viz: the Colorado and Brazos bottoms, where the disease is frequently met with. Indeed, it would be difficult to induce one of them to administer quinine in malarial haematuria, even after the hemorrhage has been checked, for fear of reproducing the same.

Dr. John H. Powers, of Columbus, Texas, the oldest practitioner in the state, and a man of superb attainments and vast experience, in speaking of this disease some years ago, stated to me that in his long experience, extending over considerably more than half a century, he had never seen a case of malarial haematuria in which the sulphate of quinia had been administered but what the patient died, and that he did not recollect one in which it was withheld but what the patient recovered.

The testimony of the late Drs. Gibson and Moore, old and well known physicians of Richmond, Texas, was to the same effect. as was also that of the late Dr. Gerard Alexander, of Wharton county, who told me that in his experience as a surgeon in the United States navy, on the coast of Africa and in Central America, and also as a practitioner in



this section, he had always looked upon the administration of quinine in malarial haematuria as equal to a death warrant.

Dr. A. Soltman, of Wharton, tells me that he has frequently known the injudicious use of quinine, both in Central America and in this country, to produce haematuria.

In my own experience, I must say that the only deaths I ever witnessed in malarial haematuria were those in which quinine had been given. I know several persons residing in my section of the country who have suffered from attacks of malarial haematuria, and in whom ten or twenty grains of quinine will speedily produce haematuria.

Considering that it is important not to permit a return of the paroxysm, and taking the view here presented of the action of quinine, we must look elsewhere for relief, calomel being chiefly relied upon. After the action of the calomel, the nausea and vomiting is usually relieved, and the system is in better condition for absorption and assimilation. Salicin may now be administered for its antiperiodic properties, and, although the drug cannot always be relied upon, it frequently proves a good substitute for the more dangerous salts of cinchona.

The cold infusion of wild cherry bark is a great favorite with the physicians in this section during the stage of convalescence, to which may be added, after the danger of its combination with calomel shall have passed, a drop of nitro-hydrochloric acid.

The blood being much depraved in malarial haematuria, this condition should be corrected as speedily as possible by giving the patient good, nutritious food. Among the wines, the best seems to be a good claret.

The salts of the blood, having become very much diminished in quantity, should be replaced in the stage of convalescence. For that purpose, the phosphates of lime, sodium and potassa are the most available. Iron, the muriated tincture, in combination with chlorate of potassa, seems to be a valuable remedy in the stage of convalescence.

#### PROGNOSIS.

Malarial haematuria is, in many localities, looked upon as one of the most fatal of all diseases. I cannot consider it so; yet so it will remain so long as we trust to cinchonism as a sheet anchor.

**The Hemorrhagic Type of Pernicious Malarial Fever.\***

BY A. A. BAILEY, RICHMOND, M. D., TEXAS.

The object I have in writing this paper is to give some of my observations on this subject, and not to tell you what others have said—you can find that out in the books.

Of the hemorrhagic type there are two classes, one characterized by hemorrhage from the urinary system, another from the alimentary system, and there are cases in which the two are combined.

The pathology is as in common malarial fever, though exaggerated.

The symptoms are as varied as in the simple type, and you may find any of the symptoms found in any other type of pernicious fever. The only distinguishing feature is hemorrhage.

The prognosis is good, in my judgment, as to time and termination, under rational treatment.

**TREATMENT.**

In the first place, I would not give quinine sooner than two or three days after all hemorrhage has disappeared, and in a large majority of cases it is not necessary at all.

Under the head of treatment, I will only mention the plan I follow:

Upon the first appearance of hemorrhage I prescribe a saturated solution of mag. sulph., a teaspoonful given every ten or fifteen minutes, until the bowels move freely; then lengthen the time to one-half hour or an hour, and further apart as circumstances demand, at the same time ordering a warm enema of salt water every one or two hours, to be given just after stools, so that it will be retained, using about a teaspoonful of salt to a pint of water. During this time I have given patient 1-40 gr. strychnae nitratis every four hours. I believe this could be given in larger doses, but 1-40 has served me well, and I don't care to push it further.

Case 1—Mr. K. I was called early in the afternoon;

---

\*Read at the meeting of the Texas Association of Railway Surgeons, at Dallas, Texas, in January, 1897.

found patient suffering from pernicious fever, algied type; gave 15 grs. of sul. quinine, followed in few hours by strong purgative. About dark bowels moved well, followed by profuse movements of blood, very dark. The above plan of treatment was begun, and all hemorrhage had disappeared by midnight; in two days, patient sat at the table and ate his dinner; in five days, rode in a buggy twenty miles to his home.

Case 2—Negro child. The father came to my office and gave symptoms of child; was passing nothing but blood from the kidneys. I prescribed treatment given above. In a few days the father came again, saying the blood had returned. Same plan was followed. Nothing was heard of the child for one and a half years, when I met the father on the street; he told me the child had recovered quickly, and had not been ill since.

Case 3—Negro boy. Called at office suffering from intermittent fever. Prescribed the ordinary treatment; was called to the house next day, and found patient passing large quantities of dark blood from bowels; was extremely restless, looked wild, and tossed constantly in bed. Stopped ordinary treatment, began the one outlined. Blood disappeared in eight or ten hours, and patient was up in four days.

Case 4—Negro girl. Came to office with fever and hematuria. Gave treatment. On third day girl returned, well, doing regular work in the meantime.

Case 5—Negro woman, 50 years. Called to see me on Saturday, with bottle of blood passed from kidneys. Failing to see me, called on another doctor. The following Tuesday I was called; found woman passing nothing but blood from kidneys; was badly salivated and weak. I began the outlined treatment, but had to make the second visit, and prescribed on Thursday morning olei santalis and pot. acetas. On Friday they brought sample of urine free from blood.

Case 6—W. B., young girl 15 or 16 years. This patient had been in bed for two weeks with remittent fever; recovered and was about for three or four weeks; was taken again with remittent fever, which was very obstinate indeed. About the tenth day began to pass great quantities of blood from bowels. Was called in haste. Stopped all treatment

except that outlined. In six hours blood disappeared, and patient was discharged on the fifteenth day.

Since I have learned how to treat these cases I have begun to believe that the hemorrhages are only a wise provision of nature, and shortens the duration of fever, and hastens the restoration of health.

---

### Report of a Case of Traumatic Tetanus.

BY J. FRANK THORNTON, A. M., M. D., COLUMBUS, TEXAS.

Thomas A., aged 26 years, nativity American, occupation carpenter, weight 188 lbs., height 5 ft. 6 in. Saw this patient on June 12, 1896, presented an excess of adipose tissue. Skin and mucous membranes pale. Had pneumonia in 1892 and was addicted to the use of intoxicating beverages. I saw Mr. A. on the fourth day of his disease, with a history of having run a rusty nail in his foot two weeks previous, while at work in a cellar. The wound gave no trouble, healing in a few days. About ten days after the injury, he noticed and felt some pain on swallowing. The next morning his jaws were stiff and by evening he could not open his mouth; his back was stiff and the seat of severe pain, which he described as feeling like a band of constriction, passing from the back around to the abdomen and down to his legs. On my 3rd visit his jaws were firmly locked. The masseters were hard, risus sardonicus present. There was a moderate degree of continuous opisthotonus present. The abdominal muscles were board like, and when lifted from the bed he moved as if made of one rigid piece, there being no motion in any joint, from head to feet. Paroxysmal spasms occurred every one to three minutes, increasing the contractions of all muscles which were involved in tonic spasms; his pulse was soft and rapid; heart sounds were weak; temperature 99 deg.; bowels had not moved for three days, and evacuation was secured by the means of croton oil and a laxative enema; a little ether was given by my assistant and a free and deep incision was made where the punctured wound had been, and was thoroughly cleansed with a bichloride

solution 1-2000, and a wet bichloride dressing applied. He was placed on a combination of bromides, 15 grs., and chloral, 15 grs., each every three hours; nitro glycerine gtts., one every fifteen minutes until three doses were given, then every hour until there was flushing of the face, then every two hours. Urinalysis showed a high-colored urine, with specific gravity 1033, a decided ring of albumen and an excess of chlorides and a few granular casts. The full effect of the chloral was not secured until the third day after seeing him. Then it was given by the bowels, two drs. chloral, combined with bromide five drs.; after this he slept soundly and during sleep there was less arching of the back and some relaxation of the masseters. The paroxysmal spasms did not seem to be induced by the chloral, so its use by the bowels was continued, giving it in such doses at such intervals as seemed indicated. A free perspiration marked the entire course of the disease. Within a few hours after second day his temperature became normal and remained so until the seventh day, then it began to make a continuous ascent. Feeding was not difficult. The nozzle of the feeding cup was placed between his lips and the contents found their way down, but frequently causing spasm of the pharyngeal muscles. For the first few days he was eager for milk, and four and one-half pints were given daily; later, he did not care for nourishment, but continued to crave whisky. Eggs were given in milk with sherry wine. During the 8th day there was much less pain in the back and considerable less spasms. Patient expressed himself as feeling much better. His mind had been perfectly clear up to this time, but during the night there was a little delirium and subsultus tendinum. Ninth day lower jaw drops a little during sleep, head not thrown back; paroxysms frequent but not severe. During the night considerable delirium and some twitching of the muscles and curphologia. Tenth day all continuous spasms had disappeared; mouth open and a guard placed between the teeth to protect the tongue. The paroxysms were marked by prompt snapping of the jaws; at 5:30 he had a prolonged and severe spasm; after it there was great muscular relaxation; urine and faeces were passed involuntarily; respiration became very shallow; no radial could be felt and he became



profoundly unconscious; at noon his temperature was 104; at 5:30, 106; at 6:00, 107; at 7:30 the heart ceased to beat; shortly after, the cessation of respiration, and one-half hour later the temperature was 111 degrees.

Treatment final.—Antitoxine was begun on the seventh day and was deeply injected in the muscles of the thigh twice daily in ascending doses. This treatment seemed to have no influence on the symptoms. There was no local effect at the point of injection, the temperature had begun to rise before the first dose was given.

A post mortem examination was secured. The membranes of the brain and cord were intensely hyperaemic. The brain and cord I have preserved for further examination. The heart was flabby and relaxed. The blood in the auricles and great vessels were dark. Nothing noteworthy was found in any other organ.

---

### Summer Diarrhoea in Children.

#### THIRD PAPER

To compete for the Yale Surgical and Gynecological Chair offered by the SOUTHWESTERN MEDICAL RECORD, for good paper on some medical subject. See last cover page.

During the months of June, July, August and September, the death rate of children under three and generally under two years of age, due to some form of summer diarrhoea, both in the city and rural districts, is very high.

The continuous high temperature at this season of the year renders the alimentary tract of young children very susceptible of pathogenic impressions.

Some of the names given to this disease refer us to the pathological site, as gastro-enteritis, enteritis, entero-colitis, and gastro-intestinal indigestion. Others are only descriptive of the pronounced symptoms common to the several different pathological conditions, as cholera infantum, watery gripes, choleraform diarrhoea in children, choleric fever in children, etc.

Summer diarrhoea in children, we might say, is coextensive with oppressive solar heat, and is an acute catarrhal

inflammation of the mucous lining of the stomach and intestine, in part or parts, with a marked chronic tendency due to the economy of young children being very susceptible of pathogenic impressions during the hot season. As a rule, the lowered digestive function is made manifest by the association of any one or more of the following: Careless feeding, dentition, foul air, bad water, irritable nerves, and such other conditions as indicate malnutrition.

The first form of the disorder to which we look is known as cholera infantum—an acute catarrhal inflammation of gastro-intestinal mucous membrane, characterized by restlessness, colicky pains, frequently profuse watery discharges from the bowels, vomiting, febrile reaction, great thirst, rapid wasting, with marked irritation of the sympathetic nervous system. If there be any premonitions, they are slight restlessness for a few hours, or an unheeded diarrhœa of a few days' standing. Convulsions are common at the incipiency, and are prone to recur toward the issue of unfavorable cases. From the beginning there is a marked tendency toward collapse. If the disease pursue an unfavorable course, the symptoms continue unabated, and all the symptoms of profound exhaustion ensue, the child becomes semi-unconscious, with labored breathing, vacant, deep-sunken eyes, prominent facial angles, blue extremities and cold surface.

The favorable cases usually, after one, two or three days, present an amelioration of all the symptoms, with gradual improvement. Quite a number of cases pass into a more chronic form, with less anxious symptoms, yet frequently resulting in death from irritation and inanition.

#### DIAGNOSIS.

The sudden onset, marked gastric disturbance, profuse watery discharges, absence of solids in the dejecta, with marked disturbance of the nervous system, together, in a large per cent. of cases, with a history of having recently taken improper diet, renders a differential diagnosis from other forms of summer diarrhœa easily made.

#### TREATMENT.

The work of this disease is short and telling. Support-

ing measures are urgent, and demand first rank. Make an effort to refill the vessels by giving all the cold water that the child will take. Frequently the patient will fall into a refreshing sleep, to awake in a much better condition. The sucking of ice will often benefit. Brandy and pure milk are to be given every one to two hours. If the stomach reject it, give per enema. Counter irritation for the vomiting by a sinapism to the epigastrium is effective, and should not be discarded because "it's old." The heat of the body must be maintained by surrounding it with warm bodies and the free use of warm mustard baths; one-sixth to one-half drop of tr. of belladonna every one or two hours will aid in keeping up periferal heat. The hypodermic injection of 1-250 gr. of atropine with 1-100 gr. morphine, to be repeated when effect passes off, is indicated in very urgent cases. Calomel in doses of 1-20 gr. to 1-10 gr. every half hour until one or two gr. be given, is an efficient gastric sedative and intestinal antiseptic, and will aid in removing irritating matter from the intestinal tube. Small doses of carbolic acid in a few drops of water often quiet the stomach. The subnitrate of bismuth and pv. opii., 2 to 6 gr. of the former and 1-12 to 1-6 of the latter, is good throughout the disorder. The bromide of potash renders good service.

The remainder of the several different disorders will receive a brief notice as gastro-intestinal indigestion in children, which is the leading factor in producing enteritis, entero-colitis and colitis of children. Prolonged injudicious feeding, while the vital functions are reduced by high temperature, is the prime cause of this ailment. It is characterized by watery discharges, intermixed with undigested food in lumps, occurring six to ten times during the twenty-four hours, and in severe cases oftener. The discharges may be yellow in the main, or largely green. The odor is of a faint, sickening character. In a large per cent. of cases the discharges occur during the daytime only. Vomiting is seldom prominent. Irritation from dentition may prolong and exaggerate the symptoms. Often in the course of this trouble are associated an inflammation in the lower parts of the small and large intestines, the result of irritating undigested ingesta. In these cases the lenteric discharges are mixed

with blood-streaked mucous, the hypogastric region is tender and the abdomen is often tympanitic. If the discharges are frequent and small, largely mucous and blood, with tourmina and tenesmus, often ineffectual, the case is largely dysenteric. This trouble in either form may destroy life, and the same patient may suffer from them all during one attack. The fever, the vomiting and the diarrhœa are usually moderate, but more or less persisting, and the first two may be absent a great portion of the time. As to the length of time the disorder may last, it may run from one to two weeks, or through the entire hot season.

#### TREATMENT.

There is scarcely a disease that demands stricter regimen than does gastro-intestinal indigestion. If the nurse will allow only skimmed milk and thin soups, with a little soda cracker, until there is a very marked improvement, the death rate from this affection will be much reduced. It is a lamentable fact that intelligent, doting mothers will destroy their children because "I couldn't see it cry for it," by giving enough improper food from day to day to utterly annul all that the doctor has done. The crying will be done by either the child or the mother.

Tense gums should generally be lanced. An aperient, as castor oil, should be given every other day. Small doses of calomel, with subnitrate of bismuth and salol, should be given every four hours, dropping the calomel one-half to two-thirds of the time. Equal parts of wine of pepsin, paregoric and camphor water, with a 1-12 to 1-6 drop of creosote to 20 to 30 drops of the mixture, given every three to four hours, is good treatment throughout the disease. Powdered ipecac in large doses, carefully watched, is one of the best remedies, if the dysenteric symptoms are prominent. Drop doses every hour of the wine of ipecac will often control the vomiting. The tenesmus may be controlled by starch and laudanum injections, but if it persist, irrigation of the rectum with warm water, keeping the orifice patulous, so that the water may pass out at once, is good treatment. See that irritation from dejecta does not occur. This is easily prevented if the nurse be directed to wash and

starch the adjacent parts. Antiperiodics may be useful, but should generally be used to combat the malaria, which may be present, and often is when dysenteric symptoms are prominent.

---

### Hemoptysis.

Dr. Thomas J. Mays believes that many cases are strongly dominated by the rheumatic spirit, that they belong to the rheumatic class of diseases, and that they must be treated with and promptly yield to anti-rheumatic remedies. It is really remarkable to see the sudden improvement in many of these cases under the salicylate treatment, and in cases, too, which previously had resisted all other treatment. He cites a case in which he successfully used

R Sodium salicylate.....dr. iv.  
 Potassium acetate..... dr. j.  
 Tincture of digitalis..... f dr. iij.  
 Wintergreen water sufficient to make..... f oz. iv.

M. Sig.: One teaspoonful four or five times a day.

—*Philadelphia Polyclinic.*

---

### Tuberculosis in Infancy and Early Childhood.

It is not many years since tuberculosis was thought to be a rare disease in infancy; but we now know that it is quite as frequent as at any other period of life, and probably even more than this, says Dr. L. Emmett Holt, in the *Medical News*, December 12. While not common in private practice, tuberculosis in hospitals and institutions is to be ranked among the common infectious diseases.

#### CONCLUSIONS.

1. Intra-uterine infection in cases of tuberculosis is very rare, the child often escaping, even when the mother is suffering from active disease in an advanced form.

2. Infection through the alimentary tract is also very rare, and will not explain more than one or two per cent. of the cases.

3. The distribution of the lesions in tuberculosis of infancy and early childhood points conclusively to infection in the vast majority of cases through the respiratory tract.—*Daily Lancet.*



# Southwestern MEDICAL RECORD.

---

All communications for the editors, original contributions, exchanges, books for review, etc., should be addressed to SOUTHWESTERN MEDICAL RECORD, Houston, Texas.

All communications of a business nature, all money orders, drafts, checks, etc., should be addressed and made payable to ROBT. T. MORRIS, M.D., Secretary, Houston, Texas.

The editors are not responsible for the statements or opinions of contributors.

*To Contributors and Correspondents.*—Original Articles, Clinical Reports, Correspondence upon subjects of General or Special Interest, News Items, etc., are solicited from members of the profession everywhere

---

Entered as second class mail matter at the Postoffice at Houston, Texas.

---

## EDITORIAL DEPARTMENT.

---

THE SOUTHWESTERN MEDICAL RECORD, feels that its position is being misunderstood in regard to its stand against certain proprietary preparations. The RECORD, as stated on its front cover page, is a journal established by physicians for physicians, and no intelligent physician would prescribe a mixture, the formula of which he did not know. We believe that all right minded, scientific,

**Legitimate and Illegitimate Medication**  
**As Regards Formulas, Proprietary Medicines, Etc.**

intelligent physicians hold the so-called proprietary preparations without published formula, to be no better and can be no more intelligently prescribed than can the so-called patent medicines.

The RECORD in an editorial in Vol. I, No. IV, used the following language: ‘‘It is amusing to the thoughtful mind to contemplate on the prejudice of the physician against the patent medicines and then observe how thoroughly he is controlled by the so-called proprietary man. We receive daily hundreds of testimonials signed by physicians, always with the M. D. affixed, endorsing and recommending to their brother practitioner, a proprietary combination of which they know no more than does the layman when he asks his druggist for his favorite liver fixer, or kidney pumper of the patent class.’’

The above has been badly misconstrued and perhaps not without reason, through the writer failing to make himself understood. The writer did not mean to charge all physicians, simply those who prescribe blindly, drugs or formula, the character or contents of which they do not know; nor was it his intention to cast insinuations or reflections on the honest proprietary man who publishes the formula of the articles that he placed upon its merits in the market for the physician’s use. We have always considered this man the friend of the physician, and we daily use and prescribe this form of medication.

Such men and firms as Nelson, Baker & Co., McKesson & Robbins, John Wyeth & Brother, G. F. Harvey & Co., Rio Chemical Co., Lambert Pharmacal Co., Armour & Co., Frederick Stearns & Co., Battle & Co., Reed & Carnrick, Oakland Chemical Co., Lehn & Fink, Parke, Davis & Co., and many others, we consider the friend of the physician, for they put up for him many elegant and palatable formula, that he, the physician, or his druggist cannot prepare for want of machinery and costly facilities. A number of these firms

prepare any formula that the physician may send to them, and thus the physician can have his own formula elegantly and palatably prepared and as his druggist could not possibly prepare them for him.

We believe the American Medical Association took a step in the right direction when it decided to admit no advertising to the pages of the *Journal of the American Medical Association* of a medicinal nature or compound without published formula.

Believing it to be a step in the right direction, the SOUTH-WESTERN MEDICAL RECORD will not admit to its advertising pages any patent medicine or any so-called proprietary medicine, that is equally as bad. By this we mean one that does not print its formula so the true physician can prescribe it with knowledge and intelligence.

EDITORS.

---

## SOCIETY PROCEEDINGS.

To Members of Texas State Medical Association.

Any member who will favor the section of Ophthalmology, Otology, etc., with a paper, will please send the *title* of his paper to the undersigned before March 15, that it may be printed in the preliminary announcement and program for the next meeting at Paris, commencing April 27.

VARD HULEN, M. D., Chairman.

---

## FROM OTHER JOURNALS.

### Leprosy Infectious but Not Contagious.

A committee of the New York County Medical Society, created to investigate the supposed increase in leprosy in this country, has made a report somewhat at variance with the common belief concerning that disease.

We quote, from the *Medical Times*, portions of this report:

“It is agreed that leprosy is an infectious disease. A disease which is infectious is not necessarily contagious.

“In certain regions leprosy is prevalent and endemic. In these the disease is apparently communicated from individual to individual, and is contagious, though the mode of contagion is unknown. There are other countries to which lepers have long had comparatively free access by immigration, and in which numbers of them have had a more or less prolonged residence, and yet they afford no evidence whatever of any tendency to propagate the disease. The same exposure, through the introduction and proximity of lepers, that in some localities has sufficed to cause a rapidly extensive spread of leprosy, in other places has never produced any appreciable effect injurious to the public health.

“During the last thirty years lepers have been received into our public hospitals, and some have been treated privately at their homes. No case of transmission of the disease from one person to another has been observed in the experience of your committee (and it has been comparatively large), nor, so far as known, has any case been reported by others.

“It would appear, therefore, that other conditions than that of mere proximity are essential before leprosy can be counted a contagious disease. What these other conditions are is unknown, whether they relate to location, soil, climate, food, mode or habits of life, but there is little doubt it is because of their absence that this and other similarly favored localities have thus far remained exempt from any prevalence of leprosy.

“Judging from long experience in the past, your committee is of the opinion that whatever prospective danger there may be from this source, it is not such as to create alarm, and is certainly not imminent.

“In regions where the disease is apparently on the increase, through the development of new cases, *not exotic*, it is a menace to the general community, and segregation may be justifiable and proper. To adopt the principle of segregation here, and to apply it indiscriminately to all lepers, would be unnecessarily arbitrary, and therefore unjustifiable. It would be, on the part of the authorities who should

carry it out, tantamount to proclaiming the existence of a serious danger to the community, when in reality the danger is slight, and such action would create an alarm that is unnecessary, and add to the popular prejudice against the disease and its victims, that is already excessive. The indiscriminate enforcement of this measure would entail great and unnecessary injury upon many lepers, especially to such as are so circumstanced as to be independent of public charity. Moreover, there is reason to believe that in such cases confinement to a leprosary would cause the disease to pursue a less favorable course than if the patient were not deprived of his liberty.”

---

Dr. J. W. Perkins, Kansas City, Mo. (*Langsdale's Lancet*), reports a rare case of intussusception, due to invagination of Meckel's diverticulum. To use his own words: "Meckel's diverticulum is the name applied to a process sometimes found projecting from the lower portion of the small intestines, like the finger of a glove. It represents the persistent remains of the Vitelline or Omphalo-mesenteric duct, which, at the end of the first month of foetal life, connects the yolk sack with the intestines." This foetal remnant may be attached anywhere along the small intestines, and give rise to a variety of complications that readily suggest themselves. In Dr. Perkins' case the diverticulum became invaginated with the gut and in turn caused a further invagination of the small intestines. Even though the case presented some serious complications, the convalescence was uneventful.

---

## NEWS AND MISCELLANY.

Carbolic acid, it is said, was introduced to surgery by Sir Joseph Lister.

W. A. Wayne, M. D., of Greenville, is on a business visit to St. Louis.

H. P. Nay, M. D., a retired physician, has resumed his practice at Greenville.



Dr. J. W. Swindell of Merit, has moved to Greenville, to practice his profession.

J. A. Armstrong, M. D., of Floyd, has moved to Wolfe City to engage in his profession.

C. E. Fathenee, M. D., formerly of Greenville, is now practicing medicine near Abilene.

Dr. D. E. Thrash died suddenly of heart disease, on February 6, at his home in Houston.

Dr. E. S. Heisig has gone to New Orleans to take a post graduate course on the eye and ear.

It is estimated that two years are required for the Gulf water to travel from Florida to the coast of Norway.

Dr. J. W. Garnett, of Greenville, who lost his residence by fire recently, is having plans drawn for a handsome residence, which will be erected immediately.

The annual meeting of the Hunt County Medical Association will convene on the 3rd Thursday in April, and from present indications it promises to be a most profitable one.

Herbert and Sloan, the well-known chemists, are authority for the statement that all known chemical elements are held in solution in the waters of all of the great oceans.

Dr. H. C. McClenahan, the genial assistant physician of the Insane Asylum at Austin, paid us a pleasant call during the past month: Dr. Mc. has recently joined the benedicts and is justly proud of his fair partner.

During the last 36 years, we have had 18 epidemics of yellow fever, directly traceable to Cuba. As a mere matter of business, would not the United States act with wisdom to buy Cuba outright, and clean her up? The Cubans would be better off and we rid of a cesspool in Spain's back yard.

The following is a good example of the law of "multiply and replenish the earth." There are now in the Argentine Republic about ten million cattle, and the remarkable thing about them is that they are all descendants of eight cows and one bull which were brought to Brazil in the middle of the sixteenth century.—*Popular Science News*.

Dr. T. D. Wooten, the able president of the Board of Regents, on the inauguration of Dr. Winston as president of the University of Texas, delivered an address, setting forth the needs and hardships of the University. Dr. Wooten has labored zealously for the upbuilding of this institution and deserves the hearty approval of every one.

President Cleveland honored the New York Academy of Medicine, at its semi-centennial celebration on the evening of January 29, by his presence. He left the executive mansion to be present, and delivered the principal address of the evening, which is said to have been of a semi-humorous character, delineating from life a story of a country doctor detained from a patient to talk politics at a village store.

We are in receipt of a letter from Dr. A. M. Curtis, of Waco, in which he claims that we were in error as to a judgment having been rendered against a Dr. Curtis, of Waco, during January. In justice to Dr. A. M. Curtis, we make the above statement and regret very much our being led into an apparent error by the daily press. The facts, however, remain the same: that evil inclined and ungrateful patients will often unjustly sue and sometimes gain judgment against the medical attendant and it behooves us to be ever on the alert or the fruits of our honest labors will be taken away by dishonest patients.

Mr. H. C. Garneau, in *Yale Scientific Monthly*, says: (discussing methods of garbage disposal) that the "utilization process"—"stands to day as the only sanitary, profitable, and satisfactory method of garbage disposal we have." The "utilization process" consists in heating with steam at 300 degrees the garbage, freed of cans, bottles, wire and such like; then extracting the grease by dissolving out in naphtha; then pulverizing the residue, and mixing 2.5 per cent. of lime phosphate, to make very valuable fertilizer. These two by-products, fertilizer and grease, materially lessen the cost of garbage disposal and make the "utilization process" an ideal one.

Hospital accommodations on board the battleship Texas: "The sick quarters are located on the berth deck forward, between the first and second water-tight bulkheads, in a

torpedo compartment, the chains and anchor engine being overhead. Only two cots for sick men can conveniently swing, and have room for a table and space to move around. A wire cage stores two torpedoes along one side, and takes up much of the floor space. The sick bay is also a thoroughfare to the torpedo tube compartment, next forward in the bow. \* \* \* The ship is insufficiently equipped with evaporating and condensing machinery, and at no time thus far has been able to supply enough fresh water for common daily uses.—*The Sanitarian*.

Science in New York?—The following Munchausen production is classed by the *Literary Digest* under the heading, "Science Brevities:" "A Manchester photographer," says the *American Journal of Photography*, "relates that he recently took the photograph of a child who was apparently in good health and had a clear skin. The negative showed the face to be thickly covered with an eruption. Three days afterward the child was covered with spots due to prickly heat. The camera had seen and photographed the eruption three days before it was visible to the naked eye. It is said that another case of a similar kind is recorded, where a child showed spots on his portrait, which were invisible on his face, a fortnight previous to an attack of small-pox." This reminds us very much of another editor, that classed a notice of matrimony under the heading, "Amusements."

Sir Astley Cooper.—We are in receipt of a very tastily arranged and interesting brochure recently published by the Norwich Pharmacal Co., containing the life of the great surgeon, Cooper. His boyhood days are vividly portrayed, enumerating youthful pranks and accidents. His debut into surgery, displayed the qualities which were to make the boy famous. Among his works and discoveries is mentioned his recognition of the healing power of alum, the principal ingredient of unguentine, made by the Norwich Pharmacal Co.

No Spitting in Street Cars.—The subjoined notice has, by order of the Board of Health, been posted in all the cars of the West End Street Railway Company, Boston: "The Board of Health adjudges that the deposit of sputum in the street cars is a public nuisance, source of filth, and cause of

sickness, and hereby orders that spitting on the floors of street cars be, and hereby is, forbidden.' Above this order is posted a copy of the statute stating that the fine for infringement of an order of the Board of Health is one hundred dollars.

Legal Age of Patent Medicines.—The Missouri Pharmaceutical Association has passed a resolution to the effect that manufacturers of infant-foods, proprietary remedies, etc., be compelled by law to place on their inside label and outside wrapper a sworn statement as to when the preparation was made and how long it will keep in good condition.—*Practical Druggist*.

Itching in Eczema.—Prof. Buckley says: Use a solution of permanganate of potassium in water, of one to two per cent. or possibly stronger in some cases. This is brushed or mopped over the surface and allowed to dry, which it does quickly. The pink-colored fluid stains soon to a dark brown, and is finally thrown off by exfoliation of the tissues which it has oxidized.

Dr. Pize has discovered a new anesthetic. He has found that by injecting guaiacol under the skin in small doses operations can be made without pain. A committee appointed by the Academy of Medicine has inquired into the value of the discovery and has congratulated him upon his achievement.—*Popular Science News*.

A Bright Lad.—The Kansas City *Medical Index* mentions a bright lad in that section. Upon being asked by his teacher the name of the most important canal in America, the youth replied that it was the alimentary canal.

The Health Commissioner of Chicago has posted notices that spitting upon the floor of public places and conveyances is a nuisance. Already one prominent citizen has been arrested for spitting upon the floor of a street car.

She—'I suppose you would have been happier if you had not married me?'

He—'Yes, dear, but I wouldn't have realized it.'—*Larks*.

Sir Joseph Lister, the father of antiseptic surgery has

been raised to the peerage. This honor was never before conferred upon a member of the medical profession.

Death of Dr. Pancoast.—Prof. William H. Pancoast, the distinguished physician and surgeon, died at his home in Philadelphia, January 4, 1897, aged 64 years. He was the son of the famous surgeon, Joseph Pancoast, and was born in Philadelphia on the 16th of October, 1835. He was graduated in the Jefferson Medical College in 1856, and afterwards studied for three years in London, Paris and Vienna. On his return to this country, he established himself in practice in Philadelphia, and soon acquired a high reputation as a bold, rapid and skillful operative surgeon, who was seldom mistaken in his diagnosis and was always conservative in his treatment. He served as a surgeon in the army during the civil war. In 1874 he was elected to succeed his father as professor in the Jefferson Medical College. He became professor of the Philadelphia Medico-Chirurgical College in 1886.

Paracelsus on Doctors.—This prominent physician flourished about four hundred years ago, and his “original” ideas made him somewhat unpopular with the fraternity. He said: “He who can cure disease is a physician. Neither emperors nor popes, neither colleges nor high schools, can create physicians. They can confer special privileges and thus enable a person who is not a physician to appear as if he were one; but for all that they cannot make of him what he is not. They can give him permission to kill but they cannot enable him to cure the sick. The best of our physicians are the ones that do the least harm. But unfortunately, some poison their patients with mercury, and others purge them or bleed them to death. There are some who have learned so much that their learning has driven out all their common sense, and there are others who care a great deal more for their own profit than for the health of their patients. Medical science may be acquired by learning, but medical wisdom is the gift of God.”—*Popular Science News*.

A process has been patented in Germany for making a substitute for the natural skin for use in wounds. The muscular coating of the intestines of animals is divested of mucous membrane, and then treated in a pepsin solution until



the muscular fibers are half digested. After a second treatment with tannin and gallic acid, a tissue is produced which can take the place of the natural skin, and which, when laid on the wound, is entirely absorbed during the healing process.—*Charlotte Medical Journal*.

Conservative Surgery of the Ovary.—Dr. R. T. Morris (*Medical and Surgical Report*, October 17, 1896) says that “when an ovary and tube have been so much damaged by acute inflammation and adhesion that we cannot hope to restore them to a fairly normal condition, we can remove a piece of ovary about as large as a lentil, place it temporarily in warm physiological saline solution, and then, having split the oviduct or the fundus of the uterus, the graft of ovary is sutured in place in such a way that peritoneal surface of ovary protrudes into the lumen of the oviduct or uterus. I have obtained one pregnancy by the application of this resource. Unfortunately, the patient aborted at the third month, because remaining pelvic adhesions prevented the uterus from enlarging freely. But, nevertheless, we have a demonstration of the fact that a segment of ovary, entirely separated and then grafted upon a new seat, can form a fruitful ova. In this work I was guided by our knowledge of the fact that a small piece of transplanted thyroid gland would continue to perform its functions.”

A Step Backward.—A bill has recently been introduced in the Massachusetts legislature to abolish the Board of Registration in Medicine.

The bill is entitled, “An act to restore medical freedom to the people of Massachusetts.” It repeals all acts inconsistent with it, and would abolish the Board of Registration in Medicine. It provides that “all citizens of the State of sound mind, not under conviction for crime, shall be entitled to the right to select their own physicians, employ them and compensate them for their services.”—*Atlantic Medical Weekly*.

Modern Charity.—“Madam, will you give a poor, exhausted creature something to eat?”

Mrs. Snob—“I shall have the police called if you ever ring this bell again. I have nothing for you.”

(Later—in the parlor, to Mrs. Cash)—“Now my dear,

we will resume our work on the list of committees for the Charity Ball."—*Kentucky Colonel*.

Wife.—Isn't that the celebrated dermatologist, Dr. X——, who cured you?

Husband.—No, I got his bill yesterday. He's a skin specialist.—*Medical Record*.

The latest treatment for erysipelas is to apply vaseline twice a day to the affected parts.

---

### PUBLISHERS' NOTES.

Radford & Hutchinson, wholesale and retail grocers of this city, have the model grocery house of the South.

Malt-Nutrine can now be had at any drug store in the city. It is invaluable for convalescents, nursing mothers and persons suffering with wasting diseases.

Attention is called to the advertisement, on another page, of the "Nurses' Home," at 1805 Preston, where trained nurses can be obtained for any part of the city or state.

Also, in this issue will be seen the Oak Lawn ad. This institution is under the medical supervision of Dr. Frank Parsons Norbvry, who has had a long experience in such cases.

Sour Lake is now under a new management—The Sour Lake Company—gentlemen well known in business circles. It is gratifying to know that the remarkable resort is under such a management, and we can most assuredly recommend it.

We call attention of our readers to the preparation of Nelson, Baker & Co., of Detroit, Mich. Their Uterotonic and Cascara Carminative are worthy of trial. The Cascara-Combination is specially good and appeals to one very strongly, as there are so many inferior ones in the market.

# *Southwestern Medical Record.*

A MONTHLY JOURNAL OF PRACTICAL MEDICINE AND SURGERY.

---

VOL. II.

APRIL, 1897.

No. 4.

---

## **Herpes Corneae.**

BY S. L. MCCREIGHT, M. D., Lecturer on Ophthalmology in Post Graduate Medical School, Chicago; Attending Surgeon in Eye and Ear Department West Side Free Dispensary.

This is an affection of the eye not very frequently met with, and presents somewhat the appearance of phlyctenula or eczema. It presents itself under two forms, viz., corneae-febrilis and herpes zoster ophthalmicus. The former is sometimes called corneae catarrhalis, from the fact that it is associated with acute affections of the respiratory tract from the nose downward, or catarrh of the stomach or bowels. Horner has seen it after whooping cough and intermittent and typhus fevers. It is a disease not often found in children, but attacks those of middle life. In regard to the number of vesicles, there may be only a single one, or as many as three over any part of the cornea. The observer will rarely see a perfect vesicle. What he will see, is an ulcer whose margin is fringed by the torn edges of the epithelium, which has ruptured. Sometimes the anterior nasal membrane and the outer layers of the cornea may be lifted. The spot will be early transparent, yet in severe cases, lines of grayish infiltrations will

radiate into the surrounding cornea. There will be considerable congestion of the conjunctiva, extreme lachrymation, muco-purulent secretion, and sharp, pricking pain. The surface of the ulcer is usually devoid of sensation. Sometimes there will be herpetic spots on the lips, nose, face or eyelids. If a case is seen in time, and properly attended to, it may get well in less than two weeks. When it occurs, however, in conjunction with some serious illness, it will take a much longer time for the patient to recover. The edges of the ulcer may become opaque and spread, followed by hypopyum and iritis. There is also some danger of mycotic infection which would tend to retard the progress of the cure.

This disease has been noted by Graefe and Mooren, but Horner, who described it in 1871 in the transactions of the Heidelberg congress, deserves the merit of distinct and forcible delineation.

Treatment—When the vesicle has not been broken, and the base of the ulcer not infiltrated, the two chief indications are protection and disinfection. For the conjunctivitis, there is nothing better, perhaps, than lotions of boric acid with occasional applications of 1 per cent. solutions of argentum nitras. If there is much pain, a 4 per cent. solution of cocaine might be added to the above treatment, and used as indications require it.

If there is much grayish infiltration, the base of the ulcer should be scraped, and touched up with nitrate of silver or chlorine water. In most cases it would be wise to use a 1 per cent. solution of atropia, and keep the eye under a light bandage. In severe cases, the lotions should be used every two or three hours, while in those of moderate degree, once or twice daily is sufficient. If hypopyum and iritis appear, warm fomentations of boric acid will be necessary, together with other remedies suitable for these conditions. The disease seldom recurs, although instances of cases are on record.

103 E. Adams street.

---

Now is the time to subscribe for the RECORD, as in every issue there are articles worth many times the subscription price to every progressive physician.

**Prophylaxis of Ophthalmia.**

BY VARD HULEN, M. D., of Galveston, Texas, Attending Surgeon Eye, Ear, Nose and Throat Department St. Mary's Infirmary; Ex-House Surgeon of the New York Eye and Ear Infirmary, New York City.

For dragging before this society a subject long since worn threadbare, I offer no apology. In spite of all that has been said and written concerning blenorrhoea neonatorum, many well informed physicians, as I view it, disregard the prophylaxis of this most frequent of all the causes of blindness. If this one point proper should be the cause of any one of my hearers, on entering the lying-in-chamber, remembering the possibility of the occurrence of this disease, and the simple method of preventing its occurrence, its mission will be accomplished.

There are today in the United States more than 10,000 totally blind people due to ophthalmia neonatorum alone, and the most of them on public charge. These 20,000 sightless eyes do not include a very large number found in those blind in one eye only from this cause. There are probably more than double that number of people who have been more or less incapacitated as bread winners by this wholly preventable disease.

While ophthalmia of the new-born occurs more frequently among the poor and the uncleanly, it does occur among the refined and the affluent. Hence, it is the duty of the attending physician in *every* case of labor to inquire closely into the history of the expectant mother for symptoms of active or latent gonorrhea; for in practically all cases of destructive blenorrhoea of the new-born, gonorrhoeal infection of the eyes has taken place directly from the mother, and very often indirectly from the father. The wife being an innocent victim of the husband's former, sometimes present, immorality.

You have recently read in the New York Medical Record an article on Gonorrhoea in Women, by Bernard Gordon, in which he states that "Schwarz's statistics of 124 per cent. should be considered the very minimum frequency of this disease (gonorrhoea) in our women patients." Oppenheimer found out of 108 pregnant women thirty with gonorrhoea., i. e., 27.7 per cent.

In the face of statistics it is strange that any physician



can say, as many do say, that he has never, or but rarely, has seen a case of ophthalmia neonatorum in his practice; for a very small percentage of general practitioners take precautionary measures in any case against infection of the child's eyes during its birth more than to cleanse them with a solution of boric acid. An excellent thing, as far as it goes, but in many cases it stops short of being the full performance of the accoucheurs' duty. The truth of this statement ophthalmologists have exceptionally good opportunities of knowing.

In all cases in private practice where no symptoms can be obtained which lead one to suspect gonorrhoeal infection of the mother in some one of its many forms, I believe the ordinary hygienic rules are sufficient, but in all other cases Crede's method should be practiced. Crede taught that immediately after the birth of the child its eyes should be cleansed by wiping with some soft sterile material, and one drop of a 2 per cent. solution of nitrate of silver should be instilled into each eye.

If possible, the mother's leucorrhoea etc., should be cured before her confinement, otherwise the genital tract should be kept aseptic during labor by the use of antiseptic douches.

It has been demonstrated time and again by eminent observation of occurrence of ophthalmia neonatorum from over 10 per cent. to less than  $\frac{1}{2}$  per cent.

The use of a solution of nitrate of silver of ten grains to the ounce in the eyes of a new-born child seems harsh, even cruel treatment, and one naturally shrinks from it, but after an extensive experience, I am convinced that this is a mistaken idea. And out of the tens of thousands of times that this application has been made, in no case has a bad result from it been reported. In some cases it will produce a slight swelling of the lids, hyperaemia of the conjunctiva, a muco-serous discharge, but all traces of the irritation disappear in one or two days.

Go into the blind asylum of our own State, and you will be impressed with the necessity of preventing this disease by seeing its awful results; go into the large lying-in hospitals of this country, and you will be convinced of the effectiveness of this simple procedure.

Other methods of prevention have been used and may be

suggested, but with no advantage over this one which really leaves nothing to be desired.

I can not too strongly urge the adoption of Crede's method in all cases in public or large institutions, in all cases in private practice, where a lack of cleanliness is a family failing, or where a positive or even a suspicious history is known or given of infection of the mother at some time by the gonococci of Neisser.

It would not be amiss in this connection, had I the time, to say something about that worse than useless occupation, a practitioner of which is called a midwife. For midwives are responsible for the loss of the majority of the eyes from blenorrhoea in the new-born, as also other misfortunes to the infants and their mothers. At present I will only say that in a country which has the proud (?) distinction of possessing one physician for less than every 600 inhabitants, and this percentage being steadily reduced until some day we may reach that oft-sounded ratio of "sixteen to one," there is no legitimate excuse for the existence of a midwife as such. The most stringent laws regulating midwives should be passed in this State and enforced for the protection of their innocent victims.

---

#### **Report of a Case of Appendicitis.**

BY J. W. SCOTT, M. D., HOUSTON, TEXAS.

On January 3, 1897, I was called to see L. W., a school girl 10 years of age. Her mother informed me that she had taken sick two days prior to my visit with vomiting, fever, and pain in the lower portion of the abdomen. For three or four months previous to this attack she had suffered occasionally with constipation and indigestion. The family history was good in every respect. I found upon examination that the temperature was  $99\frac{1}{2}$  F. and the pulse 84. There was no pain in the right illiac region except on deep pressure. The vomiting had ceased, the bowels had moved and the expression of the child's face was good. There was no tympany, no rigidity of the right rectus muscle—in fact, every indication pointed to an early and rapid recovery. The patient was ordered to be kept perfectly quiet, a saline purgative to be administered in

broken doses, and the diet to be restricted to liquids. The symptoms remained the same for several days. On the seventh day from the beginning of the attack the temperature rose to a  $100\frac{1}{2}$  F. and the pulse to 90. I was also able to detect at this time some infiltration around the caecum. There was still no pain except on pressure; the bowels were moving regularly, she appeared to enjoy her food, and said she felt well enough to get out of bed. However, in view of the continued elevation of temperature, which had been uninfluenced by treatment, and the localized point of tenderness in the right iliac region, I decided it was best to make at least an exploratory incision.

Dr. Knox, who saw the case in consultation, concurred with me in this opinion. I operated on the following day, being assisted by Drs. Knox and Red. The abdomen was opened by the usual incision over the site of the appendix. A tumor was discovered in the region of the sacro-iliac juncture of the right side and was found to be firmly adherent to the posterior pelvic wall and extending above the crest of the ilium. I decided to close the incision I had made and to incise the tumor posteriorly through the area of adhesions. But while attempting to ascertain the extent and location of the adhesions the wall of the abscess gave way and the pus began to escape into the general abdominal cavity. Under such circumstances the authorities recommend a flushing of the peritoneal cavity with warm water. In this particular instance I concluded to simply mop up the pus as it flowed from the abscess, with moist sponges, and after the abscess cavity was emptied, to fill it with iodoform gauze, and then wall it off from the general peritoneal cavity by surrounding it with the same material. I accordingly pursued this course and have had no occasion to regret doing so. For forty-eight hours after the operation the patient was quite sick, due to shock and septic absorption, but after that time the recovery was uninterrupted.

Here we have a case presenting not one symptom of a threatening nature, yet in which there was an appendiceal abscess, just on the verge of rupture and containing at least three ounces of foetid pus; and we do not believe that it was within the scope of human judgment to have properly diagnosed the existing condition from the symptoms that were

present. It is just such cases that have caused a great number of American surgeons to advise an operation in this disease so soon as a diagnosis is made. Dr. Murphy has well said that it is literally impossible to tell by symptoms what pathological changes are taking place in or around the appendix.

If the symptoms have no significance there are only two courses to follow. We either must operate soon as possible or leave the case to nature. There is no "middle-of-the-road" policy to pursue in the treatment of this disease. There is no such thing as treating a case according to symptoms, for there is no symptom or set of symptoms that will indicate what case or class of cases will recover without operative interference. The severest case that ever came under our observation was one in which upon a removal of the appendix it was found that there had been only a catarrhal inflammation and in which there were no adhesions whatever. The mildest case we have ever seen, was one in which the patient while apparently convalescing had a perforation of the appendix, which was soon followed by general peritonitis and death. We are a great believer in conservative surgery, but do not believe that conservatism can be intelligently practiced in the treatment of appendicitis.

---

### Cerebro Spinal Meningitis.

#### FOURTH PAPER

To compete for the Yale Surgical and Gynecological Chair offered by the SOUTHWESTERN MEDICAL RECORD, for good paper on some medical subject. See last cover page.

In the weekly health reports from the large cities, and occasionally through the daily press, we see an account of a few cases of cerebro-spinal meningitis, or spotted fever as it is more generally known to the laity, which seems to be sporadic.

If we are to follow the teachings of our text books as to the aetiology of the disease, we will end by believing it to be of an infectious origin due probably to a germ of which we know absolutely nothing, except that it affects the meninges of the spine and brain, causing an inflammation in these localities, and giving us a peculiar set of symptoms. If a few cases

occur in a locality without any apparent cause, we call them sporadic. It is true that in Europe and the United States in the earlier part of this century and even of later date, we have clinical reports of the disease taking an epidemic form.

If the cause of this disease with its peculiar symptoms, could be classified by itself, separate and distinct, as can a few isolated cases of smallpox, yellow fever, or any other contagious or infectious disease, then I would be willing to accept the theory of its special germ origin; but until a special germ can be found which being able to comply with the four rules of Koch, which are as follows: “(1) The micro-organism must be present in every case of the disease, and not in cases of other diseases. (2) It must be isolated and grown on artificial media. (3) Its cultures when injected into an animal body must produce the disease in question. (4) The micro-organism must again be found in the body in which the disease was thus produced.” Until such a germ can be found and can produce a case of cerebro-spinal meningitis—as we can do by inoculating an animal with the culture from diphtheria or smallpox—I can not accept it, and will endeavor to show that it is not due to a germ, but ptomaines, which arise in the system under certain conditions.

Meningitis being an inflammation of the meninges both of the upper part of the cord and brain, is classified into primary and secondary; the first being that form in which the meningeal symptoms develop before the bodily symptoms; and in the second classification, the meningeal symptoms follow some diseased condition of the body, as pneumonia or tuberculosis.

As the microscope or culture media has failed to show any special germ which is alone and distinct the cause of this disease, and as the primary form is almost extinct in its epidemic outbreaks, it seems like taking too much for granted to assert that the disease is infectious.

If it be infectious through the nasal cavity, as is held by Strumpell, or through the intestinal tract, as is thought by Flexner and Barker, it would be evident that we would find the disease much more prevalent because of the almost universal catarrhal condition of the nasal cavity, and the existence of so much bowel trouble during the summer months; for if the germ had the power to affect a few through these chan-



nels, it would certainly find as favorable soil in many others.

We find meningitis sometimes a complication of pneumonia, smallpox, tuberculosis, typhoid fever, entero-colitis, malaria, and other acute contagious or infectious diseases. Why do some cases of these cause an inflammation of the meninges, while the far greater majority do not? Is it the pneumococci that causes this dreadful complication, or the plasmodium of malaria that sometimes gives a hematuria with meningitis? It is thought by some the pneumococcus causes the meningeal symptoms, but that can not be, because that germ is not found in all cases of cerebro-spinal meningitis—thus not complying with Koch's rules.

The same claim may be made of the diphthococci or the plasmodium malaria, because they are found in some cases of the disease, but neither of them, *per se*, is the special germ of the meningitis, or else they would be found in all cases of the disease and could produce the disease by inoculation, which they can not do. In tuberculous meningitis the bacilli can readily be found along the blood vessels of the brain, but shall we say that each case of meningitis is due to the tubercle bacilli? We will say, no.

Recent pathology is very clear in demonstrating that certain poisons called ptomains are produced in the system by the action of the bacteria on the tissues. Gould says, "as a rule, each distinctive ptomain is produced by a different micro-organism, but there are instances of several bacteria producing the same ptomain. The dependence of a ptomain upon micro-organisms may be indirect and uncomplicated by, or dependent upon, purely chemic changes. The kind of ptomains produced depends somewhat upon the stage of putrefaction, as ptomains transitional products in the process of putrefaction. Their production is also influenced by the media in which the bacteria grow." We know that these ptomains being carried through the circulation thoroughly infect the body. As we do not know how these ptomains act as a class, but are led to believe that they influence some systems different from others, even as some medicines may act, we may then be brought to the conclusion that these ptomains circulating as they do through the system, may cause cerebro-spinal meningitis in some, while in others they may cause an abscess of the liver, renal disease, or

otitis media, as they act differently in different media.

The question may be asked, then, why is it that these ptomaines are not more often formed, thus causing more frequent outbreaks of disease? Because, when the body is in a healthy condition, some of the white blood corpuscles take on a peculiar form, and are called phagocytes, which act as scavengers and destroy all forms of bacteria that may enter the body, thus keeping up the standard condition of health. These amoeboid movements of the corpuscles can be well seen with a good microscope.

We will sometimes see several cases of cerebro-spinal meningitis break out in one family, which would give us the impression of its infectious nature, but upon careful investigation we will probably find those suffering with the disease are anaemic, or have been run down in health for some time, or to some indiscretion in diet.

Four cases of the disease with fatal termination came under the observation of a physician of my acquaintance—two were young men and two were girls. These four alone had been picking cotton together, when one of the girls developed cerebro-spinal meningitis and died; in a few days the other girl took the disease and died. During their illness the young men acted as nurses—as did others in the neighborhood. In a few days these two young men went to an adjoining town, where they immediately took the disease and died. No others contracted the disease, either while nursing the girls or young men. If we would stop here it would look like the disease was infectious, and these young men contracted it while nursing the girls. But why did not others who had nursed the girls and young men take the disease? And why only those four have it, who had been picking cotton together? Upon investigation it was learned that all four had eaten freely of frost-bitten water melons found in the field while picking cotton. Again, we know that cattle sometimes die with meningeal symptoms after they have eaten frost bitten cane or sorghum. As we can not take the serum of one who has died from cerebro-spinal meningitis, make a culture of it and produce the disease in an animal by inoculation, and as there can be no special germ from the frosted melon or cane, because others have the disease who have not eaten them, and vice versa, we may be

led to suppose that this poison is produced in the system under some peculiar, abnormal condition of which we know nothing.

Why cerebro-spinal meningitis should more often affect children and young adults is not known; but as we know that the system of the young are more readily influenced by disease than older persons, we may suppose it to be due to less resisting power of the phagocytes. This is known to be true in any disease, for most cases of tuberculosis develop before thirty years of age.

Even if a person be in good health, and he being under thirty years old, has a family history showing that one parent died from tuberculosis, no insurance company will take him for a risk. The reasoning would be this—that under thirty years of age the system is more susceptible to the action of bacteria and the poisons produced by them, than it would be after that age, because the phagocytes have not the germ destroying power that they have between the age of thirty and fifty-five years.

Dr. Hirt, a German neurologist of note, says: "The relation of meningitis to other diseases, i. e., its simultaneous appearance with pneumonia, scarlet fever, typhoid fever, ulcerative endocarditis and other diseases, has to be subjected to further study, and especially has the question to be inquired into whether in those cases we have to deal with a double infection or whether we have a single noxious agent which produces both the meningitis and the affection which accompanies it."

The pathology of the disease is well shown in those cases which have existed for several days before death takes place. The upper part of the spinal cord, the membranes of the brain, especially the pia, are badly inflamed; there is found an inflammatory exudate along the sheathes of the nerves, and between the pia and arachnoid which is usually purulent; and in the more severe cases, even the surface of the brain is involved, the membranes being readily stripped from it. The veins are distended, showing the large amount of blood that had been drawn to the inflamed area; the ventricles may also contain much exudate. In the tubercular form, the base of the brain is the more favored seat of the disease; the tubercles being of a yellow—or greenish yellow color—in small nodules along the blood vessels.

Cerebro-spinal meningitis is a terrible disease even in its mildest form. There may be prodromal symptoms, such as a lingering headache for several days, with a general malaise, or it may be ushered in suddenly as with a chill followed by a high fever.

The headache, which is very severe from the outset, in most cases affects the occipital region, but may be frontal or temporal. It may be so severe that even in delirium the patient will place the hand to the head as if in great pain. The pain in the neck becomes very severe and causes a stiffness of the muscles, drawing the head backward; even the erector spinal muscles may be involved, causing an opisthotonos. The seat of the disease being so close to the exit from the brain of some of the cranial nerves, that when the exudate forms, it often causes a pressure on certain nerves as the motor oculi, causing ptosis, nistagmus, strabismus, dilatation of pupils or their failure to respond to light; also the facial nerve, causing an unilateral facial paralysis.

In some cases, the delirium sets up early and lasts through the attack, varying from a mild form of muttering or wild delirium to complete coma. The fever is generally of an intermittent form, ranging from 102 degrees to 104.5 degrees. A strange thing is the pulse, which throughout the disease is abnormally slow, i. e., with a temperature of 104 degrees or 105 degrees, we find the pulse rate to be 95 to 100 until just before death, when it becomes rapid and fluttering. There is rarely any involvement of the respiratory and abdominal systems.

There is often a marked hyperaesthesia, and it may be of such an acute form that the patient can not bear to be moved or touched. A peculiar symptom is sometimes observed in children, which is a loud, piercing cry, and is called the "hydrocephalic cry," which is very diagnostic, and is due to pressure of the exudate on the brain substance.

A rose colored rash often develops over the body, causing a spotted appearance, from which arose the name of "spotted fever." There is no specific treatment for this disease. For the fever there is nothing that excels the cold water treatment. I do not believe in the coal tar products for the fever, because in doses of sufficient size to control it, they

would be heart depressants. The cold bath if it can be given is very effective. Shave the head, and apply an ice bag. Ice applied to the spinal muscles will help control the muscular spasms. For severe pain and great restlessness, morphia should be given freely. As opium acts badly in children, Peacock's bromide or bromidia should be used freely enough to control restlessness, especially in those cases in which there is any entero colitis.

Heart stimulants, as brandy, strophanthus, and nitroglycerine should be used freely, but strychnia should not be used, because there is already a spasmodic contraction of the spinal muscles. A simple diuretic should be used—water is the best—to keep the kidneys clear of poison. Simple hot water enemas should be given daily for the constipation.

In conclusion, I would say as far as the symptoms and treatment are concerned, it matters little to us whether the disease be of special microbic origin or due to ptomaines arising within the body—they would be the same; but if it be contagious or infectious we should know it, so that we may guard against an epidemic of the disease by finding some special serum for it; if it arises from ptomaines, so we can build up the system as a safeguard against their formation.

#### **Contraindications of Altitude in Phthisical Cases.**

1. Phthisis with double cavities. 2. Fibroid phthisis and all other conditions in which the healthy pulmonary area hardly suffices for respiratory purposes at sea level. 3. Catarrhal and laryngeal phthisis. 4. Acute phthisis of all kinds, especially when associated with nervous irritability. 5. Phthisis with pyrexia. 6. Emphysema. 7. Chronic bronchitis and bronchiectasis. 8. Organic diseases of the heart and great vessels. 9. Disease of the brain and spinal cord. 10. Anemia. 11. Patients too feeble to take exercise. 12. Patients who have degenerated organs from long residence in tropical countries.—*C. Theodore Williams.*

#### **Fortunes of Medical Men.**

Among the wills of members of the medical profession proved during 1896, that of Dr. Patrick Fraser, with his



£420,000 of personality, lifts its head, ‘‘like some tall Alp,’’ dwarfing the others into significance. Next, but *longo intervallo*, come Sir John Eriksen, with a little less than £90,000, and Sir George Humphry, with a trifle under £80,000. Dr. Samuel Holdsworth, of Wakefield, who dies at the age of 83, left some £53,000, and Mr. Wm. Statter, of the same town, some £40,000. Dr. George £53,000, and Mr. Wm. Statter, with about £25,000, an amount which Sir George Johnson and Sir Russell Reynolds scarcely make up between them.—*The Practitioner*.

---

#### **Eight Things a Physician Should Never Forget.**

1. That disease is simply an unbalanced state of health.
  2. That most maladies are complex in character, and the complication often exceeds in importance the primary disorder.
  3. That every morbid phenomenon, however obscure and remote, has its reason and cause.
  4. That prominent symptoms are frequently situated at some distance from the seat of the disease.
  5. That most derangements are typical, varying with the personality and environments of the patient.
  6. That every active remedy excites reaction as well as action.
  7. That a stimulant is merely a spur, and that a narcotic is a gag stifling the cry of nature for relief.
  8. That proper diet, clothing, climate and occupation, with rest, are the chief means for the preservation of health.
- Public Health Journal*.
- 

#### **Determination of Sex.**

Seligson advances the theory that the ovum from the right ovary develops males; from the left, females. He says this has been proved on rabbits, and in cases of tubal pregnancies. To extirpate the ovary, therefore, according to the sex desired, would seem to be all that is necessary to determine sex.

# Southwestern MEDICAL RECORD.

---

All communications for the editors, original contributions, exchanges, books for review, etc., should be addressed to SOUTHWESTERN MEDICAL RECORD, Houston, Texas.

All communications of a business nature, all money orders, drafts, checks, etc., should be addressed and made payable to ROBT. T. MORRIS, M.D., Secretary, Houston, Texas.

The editors are not responsible for the statements or opinions of contributors.

*To Contributors and Correspondents.*—Original Articles, Clinical Reports, Correspondence upon subjects of General or Special Interest, News Items, etc., are solicited from members of the profession everywhere

---

Entered as second class mail matter at the Postoffice at Houston, Texas.

---

## EDITORIAL DEPARTMENT.

---

IT IS VERY gratifying to the RECORD to chronicle the fact of Dr. Rutland's arrest. The "Doctor" was the president and director of the "Wisconsin Eclectic Medical College," which institution was chartered under the laws of this country and granted a diploma on payment of \$35.00.

An advertisement was noticed in the *Houston Post* some four weeks ago, the purport of which was, "that a diploma could be procured cheaply and legitimately without leaving your home." At our suggestion the advertisement was an-

swered and the prospectus of the "Wisconsin Eclectic Medical College" was received, with an examination blank and copy of the diploma and charter. The prospectus is respectfully dedicated to the thinking citizens of the United States of America, and contains many interesting passages and many tirades against the monopoly colleges.

It is hard to conceive of a greater and more wily rascal than "Dr." Rutland, and the profession and public are under many obligations to *The Journal of the American Medical Association* for his arrest. It shows that one of the office boys of the *Journal* entered into correspondence with the said Rutland, filled out the examination blank in a very ridiculous manner and procured a diploma, which led to his arrest. He was bound over to await the action of the grand jury under the sum of \$3,000.

There are a number of alleged physicians in this State practicing under a diploma from the Wisconsin mill.

We have received several letters enquiring about the college and asking advice upon the subject. M.

---

## SOCIETY PROCEEDINGS.

### MEETING OF THE SOUTH TEXAS MEDICAL ASSOCIATION.

The following call, or letter, has been mailed to many physicians of South Texas. But all physicians who have not received this letter have the same invitation and are cordially invited and requested to meet with the association and become members.

Dear Doctor:

The second semi-annual meeting of the South Texas Medical Association will meet in the Tremont hotel, Galveston, May 14, 1897.

The South Texas Medical Association is the representative society of this section of the State and should include all repu-

table physicians in South Texas. The fee is nominal (\$1.00). All extraneous matter is abolished, thus devoting all time to scientific discussion and research.

To increase its power and influence, we respectfully request your attendance and co-operation, and we desire your application for membership, and also, if convenient, to contribute some medical or surgical essay on any subject in which you may be interested.

Kindly notify us of the title as early as possible, so that it may enter on approval, which programme will be mailed about two weeks previous to meeting. Yours truly,

E. S. FERGUSON, Secretary,  
607 1-2 Main Street, Houston, Texas.

## THE MEETING OF SOUTHERN SPECIALISTS.

(Reported by J. A. Mullen, M. D., Houston, Texas.)

The Southern section of the American Laryngological, Phonological and Otological Society held its first meeting at New Orleans on March 3, 1897. The following presentation of papers demonstrate the success of the innovation:

Operative Treatment of Suppurative and Non-Suppurative Middle Ear Inflammations—Dr. E. B. Dench, New York, N. Y.

Remarks upon Tonsil Operations with especial reference to Hemorrhage—Dr. A. W. Calhoun, Atlanta, Ga.

Surgery of the Inferior and Middle Turbinated Bodies and Bones—Dr. Robt. C. Myles, New York, N. Y.

Some amusing instances of Nasal Reflex—Dr. Arthur G. Hobbs, Atlanta, Ga.

Clinical Report of interesting cases: (1) Two cases of Tracheotomy for foreign body in the Trachea; (2) Cicatricial Atresia of both Choanae—Dr. Augustus McShane, New Orleans, La.

The Classification and Nomenclature of Acute Diseases of the Tonsils—Dr. T. C. Evans, Louisville, Ky.

Sero-Mucous Cysts of the Alae of the Nose—Dr. Norval H. Pierce, Chicago, Ill.

Relation between Nasal and Mental Diseases—Dr. D. Ziem, Dantzig, Germany.

Turbinectomy: Analysis of one hundred cases—Dr. J. A. Stucky, Louisville, Ky.

The Relation of the Teeth to the Ear, Nose and Antrum—Dr. O. F. Gambati, Houston, Texas.

The Necessity of the Complete Removal of the Tonsils whenever Diseased or Hypertrophied—Dr. Louis J. Lautenbach, Philadelphia, Pa.

Spurs of the Nasal Septum as Factors in Diseases of the Respiratory Tract—Dr. Edward F. Parker, Charleston, S. C.

Treatment and Prognosis of Catarrhal Deafness in Young Children—Dr. J. Aloysius Mullen, Houston, Texas.

The Treatment of Laryngeal Tuberculosis with Cupric Interstitial Cataphoresis, with the report of cases; The advantages of direct Laryngoscopy in this method—Dr. W. Scheppegrell, New Orleans, La.

All papers read met with full discussion. The *Laryngoscope* was unanimously voted the official organ of the section. This journal, by the way, is meeting with the phenomenal success it so richly deserves.

Dr. Wm. Scheppegrell, president of the section, received many attestations for his efforts in making the meeting so successful, and for the numerous amusements and entertainments given the members during the Mardi Gras.

Visiting members viewed the L. A. W. carnival procession Monday and Tuesday, March 1 and 2 from the veranda of the Chess, Checkers and Whist Club. Tuesday night the members were invited to the Rex ball, and Wednesday night to the French opera house to see the performance of the opera "Sigurd," which had been selected for this occasion. They also had cards for the Pickwick, Boston, Chess, Checkers and Whist and La Variete Clubs.

The plan of holding sectional meetings is commendable and is deserving of the greatest encouragement.

To the ear, nose and throat physician of the South it affords opportunities and advantages which are generally only to be had many miles away. Besides, it saves detention from practice and home, and the serious loss of patronage and money which attendance upon National meetings entails. Furthermore, it concentrates the reports and discussions of diseases indigenous to our Southern clime; making our knowledge of



these diseases more accurate and our therapeutic application of drugs more rational.

It is gratifying to see the medical products of the South receive the proper recognition by a section meeting, and it is also hopeful to anticipate that in the very near future not only will there be more section meetings, but that the National associations themselves shall honor our Southern cities.

---

#### NATIONAL CONFEDERATION OF STATE MEDICAL EXAMINING AND LICENSING BOARDS.

Officers for 1897: President, Wm. W. Potter, New York. Vice presidents, Chas. A. L. Reed, Ohio, J. N. McCormack, Kentucky. Secretary and treasurer, A. Walter Suiter, Herkimer, New York. Executive Council—Perry H. Millard, St. Paul; Jos. M. Mathews, Louisville; Wm. S. Foster, Pittsburg; Hugh M. Taylor, Richmond; Jas. M. Hays, Greensboro, N. C.

Preliminary announcement of the seventh annual meeting:

Office of the President, 284 Franklin St., Buffalo, N. Y.,

March 15, 1897.

Dear Doctor:

The seventh annual meeting of this confederation will be held in the small banquet hall of the Hotel Walton, at Philadelphia, Monday, May 31, 1897, at 10 o'clock, a. m. The following programme has been arranged:

1. Address of welcome, by A. H. Hulshizer, of Pennsylvania State Board of Medical Examination.

2. Response by Vice President Reed.

3. Report of the committee on minimum standard of requirements.

4. Discussion and action thereon.

5. Report of the secretary and treasurer.

6. Annual address of the president.

7. Some practical experience with, and results of, the medical law of Pennsylvania, by Wm. S. Foster, Pittsburg.

8. The need for exact information as to the equipment, methods and requirements of our medical schools, by J. N. McCormack, Bowling Green, Ky.

9. Address by Professor J. W. Holland, M. D., dean Jefferson Medical College, Philadelphia.

10. Paper.
11. Miscellaneous business.
12. Election of officers.
13. Adjournment.

The object of the confederation is to consider questions pertaining to State control in medicine, and to compare methods in vogue in the several States; the collection and dissemination of information relating to medical education, and to consider propositions that have for their purpose advancement of the standards in the United States. A cordial invitation is extended to all members and ex-members of State medical examining boards, and to physicians, sanitarians and educators, who are friendly to the objects named, to attend the meeting and participate in its proceedings.

By order of the executive council.

WILLIAM WARREN POTTER, Pres.

A. WALTER SUITER, Sect'y.

---

## FROM OTHER JOURNALS.

### Is Pulmonary Consumption a Factor for the Elimination of the Unfit.

Dr. Thomas J. Mays, of Philadelphia, in the discussion of this question, calls attention to the fact that in addition to the inherited tendency to pulmonary disease, nervous diseases, such as insanity, idiocy, hysteria, chorea, epilepsy and asthenia—may be translated into pulmonary consumption between parents and children, and that the latter may be convertible into the former in the same way. Dr. G. Fielding Blanford says: "I have found phthisis and insanity frequently co-existing in the same family." Dr. Stearns says: "We often see a consumptive having a child which, instead of developing consumption, develops insanity, and vice versa." Dr. Clouston makes the observation that the death rate from pulmonary consumption among the insane is four times greater than it is among the general population, and both diseases are very common among different members of the same family, and that heredity toward consumption may determine insanity, and heredity toward the latter may produce the former. The forms of insanity commonly associated with

phthisis are monomania of suspicion and melancholia. Dr. Mays says that there is a similar prevalence of consumption in families burdened with idiotic children. The influence of heredity in transforming nervous diseases into pulmonary consumption and the reverse is so obvious that even lay writers have observed it.

The poisons of influenza and of whooping cough, and alcohol, lead and mercury, are powerful exciting causes of pulmonary consumption. A any influence which depresses or disintegrates the brain and nervous system may prove an exciting cause of pulmonary consumption. Dr. Mays states that the above facts would seem to brand the consumptive as a degenerate and unfit to survive the the struggle for existence; but he goes on to show that the nature of many of these stricken with this disease stamps them as beings of the highest order of beauty and intelligence. Dr. Churchill says that the connection between acute sensibility and phthisis is so striking that poets of all times and all countries have employed their most touching accents to deplore the premature fate of some of those victims to consumption whose youth was bright with promise of future excellence and distinction. The author says that high intelligence and physical beauty belong to a certain type of phthisical temperament, and that, in all probability, both are the outcome of a refined nervous organization, delicate by reason of the exalted place it has obtained in the process of evolution, more easily unbalanced by unfriendly influences, and consequently less fit to undergo the severe and exhaustive struggles which are necessary in the present imperfect state of our civilization. More people succumb to phthisis and insanity between the ages of 20 and 30 than at any other time of life, which fact would seem to conform to the above statement.

The author concludes as follows: "Facts, therefore, fail to confirm the belief that pulmonary consumption is designed to purge society of the unfit; on the contrary, sufficient reason has been given to show that many of those who fell victims to this disease are drawn from a class of society which represents the most progressive type of human development."

Has the author actually proved that the consumptive is

not eliminated as unfit? The fact that he succumbs is evident proof that he cannot sustain the struggle for existence under present conditions. His faculties may be brilliant, but he is in an unstable condition, in that his physical development has not kept pace with his nervous and mental evolution. In barbaric ages war, famine and disease were regarded as a means of disposing of surplus population, but the economist tells us there need be no fear of over-population, as three-fourths of the products of the earth go to waste annually. The altruistic feeling that now prevails abhors the idea that nature should employ disease as a means of elimination. It seems more reasonable to regard it rather as an accident of the human race, a misfortune which science can in time rectify. Dr. Mays gives statistics to show that pulmonary consumption is on the decrease, and says the reduction is due to better food, better clothing and shelter, better homes, better physical and mental training, better sanitation and elevation of the moral standard. It is to be regretted that in addition to these means that hold so much promise to future generations we cannot have laws preventing the marriage of consumptives, that those to whom the moral side of the question would not appeal might still be controlled. It is also to be regretted that the many suffering from this disease seem doomed, and that medical science holds out so little prospect of immediate relief; but we have evidence that we are slowly progressing, and science may yet find the means of wiping out pulmonary consumption as effectually as it has small-pox.—*Medical Record*.

---

#### Effect of Chloroform and Ether Narcosis on the Liver.

Bandler, of Prague, performed a herniotomy on a hitherto strong healthy, man, who was however a hard drinker, using chloroform as the anesthetic. A few days afterwards icterus developed and the patient died with cholemic symptoms. As leucin and tyrosin were found in the urine, intra vitam, the diagnosis of acute yellow atrophy of the liver had been made and it was confirmed by the necropsy. Bandler has been since studying the literature on the subject and experimenting on animals, to determine the exact effect

of chloroform narcosis on the parenchymatous organs. He states that every case of chloroform narcosis showed degeneration of the liver cells afterward, while this degeneration was absent very slight after ether narcosis. He therefore urges the importance of avoiding the use of chloroform in cases where there is reason to suspect that the liver is not perfectly normal, and using ether instead.—*Wien. klin.-Rundsch. form Mitth. a. d. Grenz. d. Med. u. Chir.*, No. 3, Vol. I.

---

### Chloroform vs. Ether.

“The accumulated testimony of the past fifty years tends to prove conclusively that ether kills slowly, chloroform quickly; that ether kills by asphyxia, chloroform by cardiac paralysis; that ether gives plenty of warning, chloroform often none whatever; that ether is safer in healthy and strong people than in the weak and prostrated, but that chloroform is nearly as fatal in the vigorous as in the debilitated. Ether does not demand any especial skill in its administration; chloroform does. Proper treatment easily and effectually overcomes the unfavorable symptoms from ether; treatment often does no good whatever in accidents from chloroform. In short, ether is the safest general anæsthetic known; chloroform is not.”—*G. W. Gay, M. D., Boston Medical and Surgical Journal.*

---

### The Dangers of Chloroform.

Every now and then some one dies in the dentist's chair or on the surgeon's table while under the influence of chloroform anæsthesia, and the fact is heralded in every newspaper in the land. The apparent frequency of such accidents is commented and descanted on, and is frequently made the text for learned articles in the daily press, edited as it is by young gentlemen who “know it all,” and who do not hesitate to let the world know the fact.

In reading such articles the great mass of humanity, and especially that very large class that let the editors aforesaid do their thinking for them, do not take into consideration the



fact that the frequency is apparent only, and not relative, since they never heard of the thousands and thousands of cases of chloroformisation in which no accident occurs. For this reason, an article that appeared recently in *La Medecine Moderne* on the frequency of death under chloroform is appropos.

According to that journal, the general average of deaths under the circumstances is about one in every 2700 or 3000 chloroformisations. In America Andrews reports 47 deaths in 117,078 cases, or 1 in 2793. Gurit, of Berlin, 1 in 2647. Coles, in a paper read before the Virginia Medical Association, reports 53 deaths in 152,260 cases, or 1 in 2873.

In England, Dr. Richardson reports 11 deaths in 35,165 cases, or about 1 in 3200, while Kerr, of Edinburgh, reports only 1 death in 36,500 cases! Nussbaum, Munich, reports only 1 death in 15,000 cases.

The report of the Surgeon-General of the United States at the close of the war showed only 7 deaths in upwards of 80,000 chloroformisations.

It would be most interesting if these statistics could be made to show how much of the death rate under such circumstances is due to contributory negligence on the part of the patient, not merely in disobeying the plainest of instructions in regard to preliminary precautions (avoidance of food, etc.) but in concealing or lying about it to the surgeon when questioned prior to narcosis. In three instances within the knowledge of the writer this was the case. In two of them the parties had been most minutely instructed in regard to the danger, and had been forbidden to take any thing to eat on the morning of the operation, yet had eaten hearty meals and subsequently concealed the fact. In another instance a patient was sent by a dentist to a physician to have her heart examined before he (the dentist) would consent to administer the anæsthetic. To save the fee for examination, the woman returned without seeing the physician, and reported that he said "she was all right," and that the dentist could safely proceed.

In all such cases the surgeon or physician and the agent itself is blamed for the recklessness of the patient. When one reflects upon the awful aggregate of human suffering that

has been avoided by the use of chloroform, the figures given above appear almost trivial, and yet we believe that they might be lessened by greater caution on the part of those administering it. In this, as in everything else of the sort, familiarity breeds carelessness and contempt of avoidable dangers.—*Health Journal*.

---

**“On the Difference between Serum and Blood Solution, the Condition of the Test Culture and the Significance of Bacterium Coli Infection in Relation to Typhoid Diagnosis.”**

The following is a summary of conclusions on the above from the *Montreal Medical Journal*, by Drs. Johnson and McTaggart:

The difference in reaction observed between typhoid blood solution and blood serum is not simply due to varying intensity, but to an alteration in the relative prominence of the agglutinative, paralytic, and disintegrative phenomena which constitute the reaction. The extent of this difference also varies with the virulence of the culture, but the difference probably depends also on the presence of part of the specific substance elsewhere than in the blood serum.

Blood solution has a greater capacity than blood serum for producing the disintegrative (bacteriolytic) changes described by Pfeifer. Descriptions of this phenomenon are conspicuously absent from the many recent accounts of the reactions with typhoid serum as observed in hanging drops.

The paralytic effect is relatively more marked with serum than with blood solutions.

Agglutination without stoppage of motion is more readily occasioned in virulent cultures by blood solution than by serum, and does not indicate existing typhoid.

It appears preferable that for the dried-blood method only attenuated cultures should be used. These have the advantage of being more easily kept in readiness than virulent cultures, and are less sensitive to changes of temperature. With the serum method virulent cultures give prompt results. Dried blood serum can be readily obtained by pushing aside the edge of a blood drop which has clotted for a few minutes, but has not dried, and collecting the serum beneath

it on the tip of an ivory vaccine point, or the like. This does not, however, give a quantitative result.

For ordinary diagnostic purposes, the simplicity of the method as originally described does not require modification, provided attenuated cultures are used.

A drop of the solution obtained from a dried typhoid blood drop, mixed with a drop of the culture will give the reaction promptly, without any special attention to the degree of dilution. In order, however, to obtain the best results, it is well to dilute freely and especially to avoid having a sticky solution of syrup-like consistence.

In cases in which the clinical type strongly resembles typhoid, in which the serum does not give the typhoid reaction, a decided reaction with cultures of the colon bacillus may explain the symptoms.

The results with the dried-blood test have been very satisfactory, giving uniformly positive results with genuine and well-marked typhoid cases, and not reacting with non-typhoid blood when attenuated cultures were employed.

Although the use of serum undoubtedly enables the results to be recorded and compared with greater scientific precision, the dried blood answers just as well for routine diagnostic work.

The alterations in reaction, induced by very slight modifications of the manner of testing, help to explain differences in the results reported by experienced and careful observers. With the same blood and culture, the amount of dilution possible largely depends on whether plain bouillon, bouillon culture, or water is used for diluting. Opinions also vary as to what should be regarded as constituting a reaction. Anything less than complete clumping and total arrest of motion obtainable by the dry as well as the moist test in a young attenuated culture should not be regarded as typical.—*New York Medical Journal*.

---

#### Twin Bearing and Prolificacy.

Before the Edinburgh Obstetrical Society, at the December meeting, the above subject was under discussion. Dr. J. W. Ballantyne read a paper on the "Causation of Twins as Illustrated by some Clinical Histories." After giv-

ing the history of several cases he mentioned that of a woman who was one of a family of seventeen, no twins; one of her sisters had had triplets and another twins; she herself had had twenty-two children in eighteen confinements, viz: four times twins and fourteen single births. In all the cases referred to there was good evidence to show that the twins were of the binovular or dichorionic kind. He mentioned the association of twin bearing and prolificacy and deduced that the daughters of a woman who has borne twins are usually highly prolific, and conversely the mothers of twins are usually the daughters of specially prolific women. He mentioned the theory that the ovaries of the twin-bearer resemble those of the fetus in the great number of Graafian follicles they contain. Pleural pregnancies result from the simultaneous rupture of several ovisacs and that this is a consequence of the existence of a relatively or absolutely large number of ova in the ovaries. Dr. Haig Ferguson mentioned the case of a woman who had seven children in three years, twice twins and once triplets. Dr. James Ritchie referred to a mother who had borne thirty-two children; it had been mentioned in an application for life insurance and he had verified the statement.—*British Medical Journal*, December 5.

---

The statistics of the Belgian prison at Louvain show once again the importance of alcohol as a factor in crime. Out of 2826 criminals received there during 1874 to 1895, drunkenness at the time the crime was proved in 12.4 per cent. of the total cases; in 40.7 per cent. of those under life sentence, and in 43.1 per cent. of those condemned to death. Habitual drunkenness was proved in 44.7 of the total number received; in 54.6 per cent. of those under life sentence, and in 60 per cent. of those condemned to death. The importance of alcohol as a factor in criminality thus increases with the gravity of the crime; not so much transient drunkenness as habitual alcoholism. The tabulated statistics are given in the *Journal de Med. de Paris* of December 6.

---

Says Dr. John Muir, of New York city, in Dunglison's College and Clinical Recorder, statistics show that first at-

tacks of consumption are not usually fatal, and death is often found to be due to other causes. Primary infection is not usually due to inheirited tendencies, but external conditions play an important part. Patients who have been cured must not return to their former environments. Reinfection may be prevented by thorough disinfection of the patient and surroundings, and destruction of the sputum—a permanent cure is, according to this observer, frequently effected among the rich—therefore the poor should have extra care by those able to give it.

---

### NEWS AND MISCELLANY.

Prof. Senn, of Chicago, will deliver the address before the International Medical Congress, which will be held this summer in Russia.

The will of the late Dr. Pancoast bequeaths to the Medico-Chirurgical College of Philadelphia his museum of anatomy and surgery, and \$600 per year with which to maintain it.

Dr. John B. Hamilton, Ex-Surgeon-General of the United States and Professor of Surgery in Rush Medical College, has been appointed Superintendent of the State Insane Asylum at Elgin, Ill.

The bubonic plague at Bombay has, according to official returns, claimed two thousand and twenty-eight victims out of two thousand eight hundred and fifty cases, up to January. It is now said that ants carry the disease.

At a meeting of the Anti-Compulsory Vaccination League of Pennsylvania, a petition signed by over 1000 physicians, vigorously condemning the compulsory vaccination law, was adopted, and will be circulated throughout the State.

The Professor of Materia Medica was seated at the table when the first candidate for the final ordeal entered. She was a trim maiden just past thirty. "Well, Miss B.," said the professor, "I suppose you know my first requirement; have you read Hare?" "No, indeed;" was the curt reply, "and if I had I'd bleach it."—*American Therapist*.

A bill has been introduced into the Arkansas Legislature, amending the act relative to county boards of medical exam-



iners. Persons addicted to drunkenness, or to the intemperate use of opium, morphine, or other similar narcotic, will not be licensed. We have no doubt the law, if passed, will prove beneficial, both to the physician and his patient. No man can think properly while under the influence of a narcotic, and he thereby jeopardizes his patient's life, as well as his own reputation.—*American Medico-Surgical Bulletin*.

The Medical Society of Berne, Switzerland, is trying to persuade the public press to cease giving notices of suicides, in order to check epidemics of this kind. Mental suggestions causes weak-minded people, and those that are in trouble of any kind, to think of self-destruction, when otherwise it might not occur to them. Such an epidemic followed R. G. Ingersoll's letter in the *New York World* of a few months ago, wherein he commended suicide under certain conditions. The more frequent the suggestion, and the more it is before the mind, the more seriously it is taken to heart and acted upon.—*American Medico-Surgical Bulletin*.

The public press report that at a recent trial in this country, a so-called medical expert was asked whether he was familiar with books of certain titles that were read to him. He said he was, and pronounced them good authorities on the subjects named. The office clerk of the examining lawyer was next asked to take the stand, which he did, and swore that all the titles were fictitious, having been concocted by him before leaving his office. Any medical man that would be guilty of such a crime, should have no mercy shown him by either the judge or the profession at large. He is a disgrace to our calling. Such as he bring odium on honest men who act as experts. Jurors doubt them all.—*American Medico-Surgical Bulletin*.

Dr. J. A. Mullen, of Houston, attended the meeting of the Southern section of the American Laryngological, Rhinological and otological society, held at New Orleans on March 5.

The trustees of the New York Polyclinic have decided to rebuild at once, on the same ground where their old building burned. The new building will be modern in its adaptation to clinical uses.

How is this for a medical "bull"—"Eclampsia never occurs without several days or weeks of premonitory symptoms. It is, therefore, to be considered as a perfectly preventable disease.—E. P. Davis."—*Dunghlison's C. & C. Record*.

The chairs of anatomy, clinical surgery and genito-urinary surgery are vacant at the Medico-Chirurgical college. Only the chair of anatomy is salaried. All applications should be addressed to Isaac Ott, Dean, Philadelphia, Pa.—*Cleveland Journal of Medicine*.

Dr. Irving C. Roose, of Washington, D. C., is so convinced that there is no such disease as hydrophobia that he has offered over his own signature, a reward of \$100, in the interest of science, to any one producing a well-authenticated case of that disease in man or dog.—*Medical Fortnightly*.

Readers of the RECORD are kindly requested to preserve their copies of the RECORD during this year of 1897, as each number will contain a paper to compete for the Yale surgical and gynaecological chair, and our readers are to vote the chair to the author of the best paper. You will want to look them over before you vote.

The "signs of the times" would indicate that there will soon be many chairs in the 150 medical schools of the United States vacant. The high sounding title of "professor" is growing cheaper and cheaper. Already we hear some disclaiming the title, preferring the time-honored title of doctor, or even "doc." Are the people learning that the man honored the title, and that a title confers but little honor on the man?

The next semi-annual meeting of the South Texas Medical association will be held in the city of Galveston on Friday, May 14, and the attendance promises to be large. Houston, Galveston and Southern Texas will make this the largest medical association in the State, barring the State association, which is largely a political medical association, whereas the South Texas Medical association will devote its time exclusively to the science of medicine.

We have received the February number of the *Gulf Mes-*

*senger*; it has recently been removed from Hearne to Houston. It is an illustrated literary magazine and deserving of the patronage of every family of the South. The February number contains an article from the pen of Will Allen Dromgoole; also one from the pen of J. A. Mullen, M. D., on the vertical style of penmanship that is deserving of the attention of the teachers everywhere. As this is not only a question of science, but a practical one, every physician in the State will receive more than a dollar's worth of literature, by subscribing for the *Gulf Messenger*.

Dr. A. N. Denton, late superintendent of the State Lunatic asylum at Austin, says: (*Texas Medical News*.) "Dreams, too, which have demonstrated the fact of communion with friends at a great distance from the physical body of the dreamer, which proves the possibility of the subjective mind separating itself for a brief period from the physical body, and again returning to its temporary habitation."

Just think of the amazing possibilities of the situation! What if this "subjective mind," in its wanderings, should get lost or come back to the wrong man? What a Dr. Jeckyl and Mr. Hyde world this ought to be. Suppose the "subjective mind" of a man and woman should go wandering off and in their return get mixed? Dogs dream. Comments supplied by the reader.

"What's a man to do?" said Pat.

Dr. W. W. Potter, Buffalo, N. Y., says, in speaking of puerperal eclampsia, that "veratrum viride is dangerous, uncertain and deceptive in action."—*T. M. Journal*.

Dr. T. Parvin, in speaking of the same subject, says: That "eclampsia recurring before labor may often be benefited by hypodermic injections of morphia (gr. 1-3 to 1-2) and also of veratrum viride (6 to 20 drops of the tincture.) The veratrum viride should keep the pulse about 60 per minute."—*Dunglison's C. & C. Record*.

The thing to do is to take the almost unanimous opinion of the physicians of this great State of ours. Men, who, though not quick with the pen, know a good thing when they see it, and rely upon veratrum viride as almost a specific in puerperal eclampsia.

## REPRINTS RECEIVED.

- “The National Treatment of Pulmonary Phthisis,” By J. Hobart Egbert, A. M., M. D., Ph. D.
- “Report of a Case of Gastrostomy. Read Before the Kentucky State Medical Society, 1896.” By Martin F. Coomes, A. M., M. D., Professor of Physiology, and Clinical Lecturer on Ophthalmology and Laryngology in the Kentucky School of Medicine.
- “Congenital Ptosis—the Operation Devised by Panas for Relief Modified.” By M. F. Coomes, A. M., M. D., Professor of Physiology and Diseases of the Eye, Ear, and Throat, in the Kentucky School of Medicine.
- “The Physician’s Vest-Pocket Formula Book,” published by McKesson & Robbins, will be found very useful to the practitioner. It contains a table of weights and measures, antidotes to poisons, various tables of reference, and a very complete series of tables, showing the composition of foods and alcoholic liquors. These tables should prove valuable to the physician in cases where special attention to dietary is necessary. The book also contains an extended series of notes on some of the new pharmaceutical preparations and a complete list of formulæ of the McK. & R. Gelatine Coated Pills. A copy will be sent free of charge to any of our readers on application to McKesson & Robbins, 91 Fulton street, New York.
- 

## PUBLISHERS’ NOTES.

Attention is called to the advertisement, on another page, of the “Nurses’ Home,” at 1805 Preston, where trained nurses can be obtained for any part of the city or state.

Also, in this issue will be seen the Oak Lawn ad. This institution is under the medical supervision of Dr. Frank Parsons Norbvy, who has had a long experience in such cases.

Sour Lake is now under a new management—The Sour Lake Company—gentlemen well known in business circles. It is gratifying to know that the remarkable resort is under such a management, and we can most assuredly recommend it.

# *Southwestern Medical Record.*

A MONTHLY JOURNAL OF PRACTICAL MEDICINE AND SURGERY.

---

VOL. II.

MAY, 1897.

No. 5.

---

## PRACTICAL HINTS.

### No. 1. The First Stage of Labor.

BY H. LEAMAN, M. D., PHILADELPHIA, PA.

I think we have reached a time in the progress of our understanding of the nature of labor, when it is necessary for us to abandon some preconceived views which have heretofore governed our actions. The forces of the uterus, according to this conception, generally act as an engine on the track or as a mortar would empty its contents. This view in my judgment, must be abandoned, as no function in the human body acts in that way and it is not in accordance with physiological phenomena. The forces, as given in our works on obstetrics, are over-estimated and there is much observation required before we have an accurate knowledge of the true nature of labor. Indeed, we have scarcely begun to study the subject.

Labor in modern society is most commonly normal or physiological, and as free from danger as any other function of the body. The attending circumstances are sometimes



grotesque and bloody, but to one familiar with the scene, not alarming. They are sufficient, however, to demand a self-poised and cool conductor, in order to prevent all concerned from being demoralized. In almost all cases in which I have been called in consultation, the difficulty has been as much due to the medical attendant being carried away with his environment as it was to any difficulty inherent in the birth itself. I hear constantly of cases in which families are terrorized and the patient called upon to endure hardships wholly unnecessary by reason of the family attendant unnecessarily hastening with forceps in the first stage of labor, being led into the error by the injudicious sympathy and clamor about him. That physicians are in part responsible for the propagation of the dread which prevails among women in reference to child birth, by their ill advised display and use of instruments, I have no doubt. Perfect self-poise of the obstetrician comes only from a clear consciousness of the phenomena he is witnessing and his knowledge and skill to meet any difficulty that may arise, as well as a natural or acquired patience that will not yield to any pressure.

There is generally no difficulty in determining when labor has actually begun. The first stage of labor in primipara sets in generally without any premonitory symptoms. In multipara there are frequently annoying pains, similar to true pains, in the groins and back during the latter weeks of pregnancy so that the woman may not recognize the true labor pains when they set in. These premonitory or false pains, as they are called, are readily determined by being unaccompanied with dilatation of the cervix or contractions of the uterine fundus and are frequently occasioned, in my judgment, by old and sore lacerations of the cervix. An attack of gonorrhoea during the last month of pregnancy may in a multipara more likely than in a primipara, bring on an attempt at dilatation and expulsion simulating true labor, and calculated to deceive the practitioner with the idea of inertia of the womb for the pains after continuing regularly with dilatation of the cervix for twelve or even twenty-four hours, cease altogether and the child is not delivered for several days or weeks after. These cases are generally

accompanied with an irritating and profuse leucorrhoea.

The regularity of the pains and their increasing frequency, together with the dilatation of the cervix, make the onset of the first stage of labor unmistakable.

The modern application of antiseptics to labor in cleansing the hands and the vaginal tract has undoubtedly removed one of the dreaded dangers of the lying-in room. There are still moral and intellectual microbes which need clarifying in order to make the process of child-birth still safer and more nearly what it should be. The duration of the first stage of labor varies greatly. It is imperceptible in some cases, the dilatation taking place without pain, while on the other hand, it may be protracted for days. The longest dilatation I have seen lasted four days and four nights, the pains occurring every five minutes and the patient being unable to sleep during the whole time, except three hours during the last night, under heavy doses of chloral and morphia. The child was taken on the fourth day with forceps while the os was only two-thirds dilated. The first stage of labor is frequently preceded by the breaking of the waters without assignable cause, the pains not setting in for several hours, or two or more days. This does not modify the labor or make it more difficult.

The dilating pains can do no harm, either when the uterine mass is too large to engage in the superior strait or when the foetal mass and cervix are well down in the pelvis. You may have in roomy pelvis the absence of the second stage, as the os only slips behind the parietal bones as the head is emerging through the ostium vagina. The most difficult thing is to determine the exact time when the os is fully dilated, and to do so with any degree of accuracy requires frequent digital examinations. The only time at which the exact degree of dilatation of the cervix can be determined is during contraction, while the foetal mass is engaged. These examinations are not dangerous if done with a sterilized finger.

A correct observation of the termination of the first stage of labor is of the greatest importance practically. Previous to the close of the first stage let the obstetrician satisfy himself as to the position, presentation and relative size of child

and pelvis as well as the head, and be prepared to act with promptness during the second stage when required. The treatment of the first stage is essentially that of non-interference. When accompanied with organic disease of the heart it is not the dilating pains that do harm, but the expulsive efforts. The habit of pulling and stretching of the os with the fingers is a useless interference. Forceps, except when other expedients fail, should not be used during the first stage. The use of ether during the first stage should be avoided, as it either precipitates mechanical interference, or produces asphyxia of the child if too long continued. The positive side of the treatment should be soothing and persuasive. Thoroughly empty the bowels, either with castor oil or other purgative, as well as with enema. Use vaginal douches of hot water and mercurial tablets, one to two thousand. The old German midwife stupes, with chamomile flowers, are very good. When the pains are badly borne and protracted, the use of morphia and atropia combined, or chloral, will give the best satisfaction. Blood-letting is practiced to a greater or less degree successfully throughout the country under similar circumstances. As to position—let the patient assume whatever position her feelings indicate—walking, sitting or lying. She will generally be willing to lie down before the second stage begins.

There is much to be observed about the phenomena of labor, and these observations should be carefully recorded. As to the location of pains, we find that generally they are in the lower part of the abdomen, at the sides of the uterine mass, and later on in the back. Occasionally there will be no pain, either in the back or stomach, the patient complaining wholly of the outer aspect of the thighs. The intervals of rest are also various and significant; the uterus acts sometimes in a regular manner. The pains will begin regularly with half hour intervals of rest, and this will continue without variation during a period of eight or twelve hours. Then they will increase in rapidity with a rest of only fifteen minutes, this period generally not being so long, and yet I have seen it last twelve hours. It again increases in rapidity with only ten minutes interval, and from this stage the change is liable to be more sudden to an interval of only five minutes

and lastly, three minutes. But we must divert our minds of the error that nature is made in a mould like a brick. From this normal there are an infinite variety of modifications, and labor may begin with any of these stages and progress irregularly. There is one form of labor which I have frequently seen and heard of, and which has made my vision of wisdom vanish like the mist, as it has done probably with every one of us. I think it is well designated by the name of "thunder-storm labor." I attended a woman recently who warned me, when I made my first call at 8 a. m., and I told her I would go away, as she would not be in a hurry; that at a previous labor the physician had done the same thing and the child was born in his absence. So I went back at 10 a. m. and found the pains were about every fifteen minutes still, but good and well marked. I saw her again at 12 o'clock and found no change. I returned at 1 p. m. and found pains recurring every ten minutes. The os, when I first saw her at 8 a. m., was just beginning to open. At 1 p. m. it was about one-third dilated. The pains had been so severe that she could not sleep the night previous. She informed me that her labors had all been similar—this being the sixth. I remained with her after 1 o'clock, the pains continuing every ten minutes. At 1:35 p. m., there was a pain lasting five minutes and then an interval of rest of five minutes, and then another pain came lasting about five minutes, the child being born at 1:50 p. m. The os was only one-third dilated at 1:35 p. m. The presentation was O. L. P. The two pains dilated the cervix, rotated the occiput and delivered the child. Such cases might readily be taken for inertia of the womb, as she had lingered from the commencement of the pains during eighteen hours.

I would call attention to the importance of recording individual histories, that is, summing up all the labors of each woman.

---

In researches on different methods of preparing food, a physican has proved that both beef and fish are more digestible in the raw state than cooked; that beef is in general better digested than fish, and that fish is more digestible smoked than in any form.

**Rectal Stricture.\***

BY R. W. KNOX, M. D., HOUSTON, TEXAS.

There is no subject in the wide range of surgery demanding at our hands a more careful consideration than the topic of this paper. It is especially important from the fact that a field is here presented in which no brilliant results have as yet been attained. In other branches of surgery there are special operations which been removed beyond the pale of experiment, and whose originators will be remembered by succeeding generations as the greatest benefactors of their race. It is a noteworthy fact that rectal strictures are often overlooked, or perhaps, not discovered until the entire list of cathartic remedies have been exhausted and the patient passed the point where the greatest good might have been accomplished.

Van Buren states that many cases of fatal diarrhœa, dysentery and intestinal obstruction, so-called, have been in reality undiscovered strictures. The same testimony in fact, is given by all specialists in this line. The patient is, therefore, to be congratulated if he has consulted early in his disease, a man of investigating habits, and one who does not rely too much on the patients' diagnosis, but makes for himself a thorough examination. Among the laity all rectal diseases are usually included under the term "piles," and this ready-made diagnosis is often agreed to and dismissed with simply a prescription. The anal region, it is true, is not so inviting as other parts, and it may be for this reason that examinations are not so frequently insisted on. The fault is sometimes with the patient himself, who has a remarkable distaste, and is particularly sensitive to any attention given this part of his anatomy. It is said that women will consent much more readily to a vaginal than a rectal examination. This hesitation on the part of the patient is certainly out of proportion to the pain that is caused by examination if properly made. Apropos to the distaste for examination, we may mention also the well-known fact, that the laity are prone to exaggerate the dangers of rectal operations, and will suffer great pain for a long time rather

---

\*Read at South Texas Medical Association, in December, 1896.



than place themselves in the hands of a competent surgeon for relief. This is hard to account for when we consider the fact that rectal operations give greater relief, and as a rule, are more successful (with the exception of stricture) than operations performed upon other portions of the body. In regard to stricture there is yet a wide divergence of opinion among the profession as to the cause of the majority of cases of non-malignant strictures, as well as to the best method of giving relief. In fact, no branch of surgery exhibits so great a difference of opinion. For example: all observers admit syphilis as a cause, yet all do not agree as to its frequency in this particular, or, to the stage of syphilis most productive of stricture.

Matthews states in his work, that besides cancer, ninety-nine out of every hundred cases of rectal strictures not malignant, are due to syphilis. It is his opinion, also, that neither the initial lesion nor the chancreoid ulcer take any part in its production; but that it is caused by ulceration and infiltration into the submucous tissue in the secondary and tertiary stage only. This view taken in its entirety is a contracted one and opposed, so far as I know, by other rectal specialists, and notably by Kelsey. The latter states that he has oftentimes given great comfort to women suffering from this disease by denying the correctness of a syphilitic cause. Matthews, in answer to this, deems it no reflection upon the morals and virtues of a married woman to have made a diagnosis of specific stricture, although he would not vouch for the morality of the husband in such a case.

Most observers admit among the causes of stricture besides syphilis, traumatisms of various kinds; dysentery with ulcerations; tubercle, pressure, either from tumors or during pregnancy and child-birth, as well as congenital atresia. A congenital contraction of the gut may account for some cases where the stricture occurs early in life and no other cause can be assigned. These cases usually present a history of habitual constipation from early childhood, and no suspicion of stricture is entertained until the more serious symptoms of obstruction occur in adult life. The growth is favored by the constant straining at stool and irritation of

hard fecal matter passing the narrowed portion of the bowel. Such strictures are often not distinguished from those due to trauma, dysenteric ulceration, or syphilis. In the last mentioned, evidence of specific infection in other parts of the body may be present, or from the history of the case, we may reach a diagnosis: syphilitic strictures when fully formed are no more amenable to specific medication than scar tissue or other callous growth. It is practically sufficient for the treatment to know that the stricture is either benign, or malignant. The nature of a benign stricture will depend largely upon the time it has been forming and the number of operations that have been performed for its relief. In old cases the bowel is often found to be well nigh filled with a hard unyielding fibrous mass for several inches above the anus; usually it occupies the first three inches of the bowel—rarely higher than this. If left untreated the tendency is for this new tissue growth to encroach upon the lumen of the bowel until almost complete closure results. The efforts at defecation alternating between a constipation and diarrhœa gradually becomes more painful and distressing. Accompanying these symptoms there will often be found in bad cases, colicky pains, a hectic fever, fecal anemia and septic poisoning. In exceptional cases a severe stricture may exist for many years without such severe results; in fact, the patient may outwardly present the appearance of good health. Severe symptoms are, however, almost sure to make their appearance sooner or later. Nature often attempts to relieve the obstruction by forming fistulæ around it and through these channels some fecal and a large amount of pus may find an outlet. In this way the patient's suffering may be prolonged, possibly for years. An acute attack of peritonitis of a septic character often hastens the end. The operation which promises a radical cure is yet to be devised. Dilatation with rubber bougies, dilatation combined with incision, divulsion, internal and external linear proctotomy, excision and colotomy, are some of the means used for relief. Dilatation with bougies is a popular method of treatment and may bring relief for a time, but the intro-

duction of the instrument soon becomes a source of so much pain and irritation that patients will rarely consent to their prolonged use. If the stricture is of the simple valvular variety and not much indurated, a nicking of the membrane, together with dilatation, will give the best results. Divulsion is only practiced when the stricture invades the first three inches of the bowel, or that portion which is fixed and not covered by peritoneum; even this is regarded as more dangerous than incision on account of the possibility of pelvic infiltration or abscess and a resultant peritonitis. I have had two cases in which this method was used without being followed by dangerous symptoms and with temporary relief, one case was lost sight of and the other returned for treatment after an interval of several years. The stricture at this time was more extensively indurated and in a more unfavorable condition than at the time of the first operation. Internal linear proctotomy followed by intermittent dilatation was the treatment used for the second operation. The patient was taught the use of the bougie, but discontinued it after a time on account of the intense pain and irritation which it produced. She removed to a neighboring city, and I now hear, is lying at death's door from what is reported as blood poisoning. My last operation was performed not more than eight months ago. The operation of complete linear proctotomy, which consists of cutting entirely through the stricture, the sphincter muscles, and all the posterior rectal tissue down to the tip of the coccyx, is lauded by some as the ideal operation. It is claimed that this method lessens the danger of septic infection, in that it gives better drainage and is more radical in its results. It is thought to be especially applicable when the stricture is complicated with fistulae. Matthews performs the internal operation, claiming that by this method the external sphincter muscle is not impaired. He drains with a tube through the natural outlet. The operation known as Kraske's method, which is a complicated way of making a new outlet, at the coccyx, is simply a surgical curiosity and has little recognition. Colotomy as a means of relief is rarely resorted to, unless the stricture is too high up in the movable portion of the intestine and all other means have failed, and not even then

unless there is danger of impending dissolution. Most writers only refer to it as a means of prolonging life for a short time when the obstruction is due to a malignant growth. One would be led to infer in the meagre accounts given the operation as a means of relief, that death itself would be little less preferable to the patient who was doomed to always carry with him an artificial anus. A few writers, however, have taken a less gloomy view, and have insisted on its more frequent performance—claiming a more radical result, even in complicated strictures of benign origin. There are a number of reasons why this operation is not more popular. In the first place, it seems a step backward, in the rapid march of surgical improvement, in that it simply relieves and offers but little hope of a permanent cure. In the second place, the patient himself, unless worn out with suffering, objects to an operation so radical in its nature and one he has been previously informed is fraught with such unpleasant consequences. I believe, however, that inguinal colotomy has a larger field than simply a surgical curiosity, or a brief respite for the unhappy sufferer of malignant disease. The operation is especially applicable in those cases of extensive fibrous stricture, complicated with much ulceration and numerous fistulae. Its advantages are, first: that it gives comparative, and often complete relief to the patient's intense suffering; second, it diverts the fecal channel and allows a more extensive operation at the seat of stricture without the danger of septic infection. It can be readily seen that a rectal stricture, uncontaminated with fecal discharges, is in a much better condition for healing after operation; in fact, it is the only condition in which it is possible to get reparative action in cases complicated with extensive ulceration and fistula. Colotomy therefore as a primary operation, with the hope of an ultimate cure of the stricture by means of treatment directed to the rectum, and afterwards closure of the artificial opening by resection, or otherwise, might be considered possible. The distressing effects of an artificial opening in the groin as pictured by some writers, must exist largely in their own imaginations. No one will deny its very serious objections,

but who can describe in language sufficiently strong the horrors of the condition for which the operation was performed. The question at issue narrows itself to one of two propositions: given a case of extensive rectal stricture with a fistulous ulceration which has resisted a more palliative treatment, shall we perform a posterior linear proctotomy or do a colotomy, or both. If we should even admit a cure as a possibility by an extensive posterior incision and we were able to maintain the channel the patient could not possibly be left in a more deplorable condition, for without sphincter muscles there would be absolute incontinence of feces, and no apparatus or pad could be satisfactorily applied for checking them even for a moment's time. A fecal fistula in the left groin is easily controlled by a well fitting pad or truss. To illustrate my views on this subject, will report a case operated on [now more than a year ago. The history as well as could be obtained was about as follows: Mrs. C., at an early age was left to the care of a grand mother. There were two brothers, who died from accidental causes. No history of consumption or other hereditary trouble could be traced. In early childhood she began to have an obstinate constipation, which as near as she could remember followed an accident of rather a peculiar nature. On one occasion while returning from school and assuming the sitting posture usual during defecation, she came in contact with a weed stubble about the size of a pencil and the same entered the anus and produced some laceration. Outside of this accident and obstinate constipation no cause could be assigned for her present trouble. At 24 years she married and at age 26 consulted a doctor for the first time regarding her constipation and severe straining at stool. A stricture was found and incised and bougies advised. These soon became unbearable and the stricture was in a short time worse than before the operation. The same treatment was advised and carried out on two or three other occasions at different hospitals and at intervals of one or two years. After the last operation some five years ago a peritonitis developed and she had a long tedious illness. After this she refused further surgical treatment and the case went from bad to worse. I saw her first in February, 1896. At this time she was a complete



wreck, emaciated to the last degree and bedridden. For more than a year she had resorted to morphine to relieve her sufferings. The temperature was elevated, pulse weak and fast and septicaemia well marked. An examination per vagina and rectum showed a fibrous condition of the bowel extending high above the external sphincter that would not easily admit the introduction of a small probe. There were several fistulae around the anus and one opening on the inside of buttocks near the coccyx. There was also a fistulous opening from above the stricture entering high up in the vagina. From this there was a free purulent and liquid fecal discharge. No evidence of impaction above the stricture. By a careful inquiry into the case no signs of syphilitic infection tubercle or cancer could be found. The case was therefore diagnosed as one of benign stricture with the possibility of a syphilitic origin, but most probably due to the injury received in childhood. It had grown by constant irritation and frequent operations to its present alarming proportions. Colotomy seemed the only hope of relief and with the assistance of Drs. Scott and Shaw the colon was opened in the left inguinal region, with the usual precaution necessary in such cases. The patient stood the operation without shock and after the bowel was opened experienced great relief from the pain and constant straining to which she had been accustomed. The distal end of the bowel was kept well irrigated through the artificial opening and in about three weeks I did a complete linear proctotomy incising at the same time several fistulous openings, running in different directions. The wounds were well packed with gauze and irrigated antiseptically at intervals. The patient stood this operation so well that after the lapse of another month I completed the operation by opening up some overlooked ulcerated sinuses and a portion of the re-united stricture. On account of the patient's greatly weakened condition she made a very slow recovery. There was an obstinate diarrhoea for quite a while and the patient would have weak spells from which we thought it impossible for her to recover. However after an interval of six months she began to gain rather rapidly in flesh and strength and at this date (thirteen months after the operation) she has resumed her occupation

of housekeeping and takes in sewing for a living. There has been a gain of forty-one pounds since the operation. She complains of no special inconvenience in getting about and visiting her friends and says she is much more comfortable than at any time during the past eight or ten years of her life. The fistulous opening in the left inguinal region resemble somewhat the external sphincter in appearance and is practically closed except during defecation. She wears a pad over the opening held by an ordinary band truss and it gives no inconvenience. The bowels move on an average once in twenty-four hours, occasionally only once in thirty-six hours. They never act when she is in the erect position or moving around. The usual time for them to move is just before she rises in the morning.

In conclusion would say that while the results in this case are very flattering and might not occur often under like circumstances, it should certainly make us bold to try the same plan in cases that have not been reduced to such desperate straits but are steadily tending in that direction.

---

### Some Facts and Theories About the Present Status of Serum Therapy.

BY C. S. RED, M. D., HOUSTON, TEXAS.

There is no subject that has more thoroughly engrossed the attention of medical men, during the past decade, than this self-same subject of "Serum Therapy." It has passed through the successive stages of first ridicule, then denial, and, now, approval more quickly than any other great advance in medicine, probably from the fact that this is an age of broadmindedness, rapid interchange of thought and startling surprises.

There is hardly any one now but what gives an attentive ear and nods of approval to a rehearsal of the latest advance in serum therapy, unless it be some stubborn, egotistic individual, like the man that said "the horse is sixteen feet high" and stuck to it. Even these (in the same vein) are now ready to say, "We were talking of the Trojan horse, and just said it so as to hear what you had to say."

Diphtheria antitoxin alone, of all the antitoxins, has

taken a well recognized place in therapeutics, and in doses ranging from two hundred to two thousand units, it possesses pronounced immunizing and curative properties. A statement like the above, made ten years ago, would have been looked upon as a positive evidence of lunacy, and five years later, as on a par with the famous lamp of Alladin.

Tetanus antitoxin ranks next in point of importance to that of diphtheria; but concerning it there is not near that same amount of certainty as follows the latter, possibly from the fact that there is much less extensive clinical experience with it. The great conservative bulk of the profession always wants to verify the naturally extravagant claims of investigators before accepting them as gospel truths.

Concerning all the other antitoxins, with, possibly, the exception of cholera, the evidence is so meagre and conflicting that we are only left in a pleasant state of expectancy. We say pleasant, for when the facts are arranged according to theory, there is every reason to expect "paying ore."

#### A THEORY.

Dry, trashy things are theories, but there must be a working hypothesis. Then allow me to state: that antitoxins are enzymes, i. e., ferments like pepsin. My reasons for assuming this are: that the action of antitoxin is not chemical; is selective, affecting only particular toxins; and its productions, under favorable condition, is continuous, independent of toxins. Further, it is dialyzable only to a very limited extent, viz: through the placenta and mother's milk. These bodies are always present in the blood although, like pepsin, they need the necessary stimulus to call them forth. The stimulus in this case is a toxin. The toxin, however, must be of proper strength and quality or else, like all stimuli, it will over-stimulate and cause a failure of the product i. e. antitoxin. The source of the antitoxins is likely the white-blood corpuscles (a genus with many species) and is produced by them with greater or less vigor in different individuals, different species, etc.

Whether these antitoxins are products of distinct cells' action or simply varying products from varying cell stimuli, remains to be settled. This much can, however, be said

with confidence, that it is not in harmony with the law of conservation of forces to expect nature to furnish distinct cells to produce distinct antitoxins for myriads of toxins by which the blood is invaded. Further, from analogy, we know that bacteria have varying products, according to their conditions of life, and since low forms of animal and vegetable life are not far removed, similar conditions would apply to each. Through the recent experiments of a number of investigators, this argument from analogy seems to hold good. It has been shown that typhoid immunizing serum has greater bacteriocidal properties than normal blood serum for typhoid bacilli, and also that of the bacillus coli. These two bacilli, as I have long contended, are near related and their immunizing serum, while affecting the bacilli of the one less than the other, still affects both more than normal serum. It would appear from this that the bacteriocidal properties of the blood are much increased by cultivation, *i. e.*, its activity against any particular germ is the result of its continued special functioning. To elaborate further: Many agencies such as excitement, physical weakness and varying stimuli, affect the production of pepsin. And at such times as this, a small quantity of either animal or vegetable pepsin, from other sources, will materially assist nature to accomplish her halting work. So, too, in the same way, antitoxin taken from some animal rich in this enzyme, may be added to the failing powers of nature and thus enable her in her own way to destroy the toxins that threaten her human existence.

This way is, through the efforts of other agencies, continued in a manner that we will now refer to: Antitoxins are in no sense bacteriocidal, but simply what their name implies, that and nothing more. The antiseptic powers of the blood is dependent upon an entirely different process.

A ferment in the normal blood, known as glabrificiens softens and causes to swell the cellular envelope of invading bacteriae and owing to this condition they clump together, *i. e.*, become galbose.

The bacteriae, having their armor weakened, in the manner described above, become a ready prey to nature's germicides, the "alexines" of Buchner. These "alexines"

are prated bodies, ferments in character and products of the white blood corpuscles. They are ever present in the blood and like a solid phalanx enable the blood to present a bold front in the pigmy warfare of antehropoidal cell and baceteria.

The antiseptic properties of the blood are much increased by its alkalinity, a condition favorable to the solution of the "alxuns" and inhibitory to the bacteria. During an attack of a zymotic disease the blood in some mysterious way increases its alkalinity—possibly by lessened excretion—witness the absence of the chlorides in the urine during an attack of pneumonia.

It may be that in some such way as this, the praphylaxis in scarlet and yellow fever, is obtained by sodium sulphite, as recommended by Elliot. Then, again, it is quite possible that many of the therapeutic agents, that we empirically use, act as stimulators of cell action, and thus increase the emzymes normally in the blood. As an illustration of this we might cite the ordinary treatment for syphilis. In this disease doses can be given, with impunity, that under ordinary circumstances would be toxic. The tissue cells have been so profoundly depressed by the disease that they require this active stimulus to bring about reaction.

I have touched but lightly upon the many sides of this important subject and have only pretended give it from my point of view. There are others who have a better grasp of the subject and can give it in a clearer and better light, but this does not debar the humblest from giving his own impressions.

We all have every reason to congratulate ourselves upon being witnesses of this great advance in medicine, and it should cause us to wait with more diligence upon the birth of nature's secrets; for while they have come with many trials and groaning, they will yet continue to come, in the future, with the same certainty as in the past .



**Precautions for Extraction of Cataract and Other Eye Operations.**

In this paper there is no desire to enter into the details of the surgical side of cataract and other eye operations, but merely to point out the necessary antiseptic and prophylactic measures absolutely essential in the preparation of the patient before and after operation to insure non-infection, primary union, clean surgery and good vision.

Of course it goes without saying, that the operator should first acquaint himself with the presence of the cataract and further, with the actinic changes of the retina, as evidenced by light, perception and projection.

The history of the patient should reveal the past and present physical condition as to diseases of circulatory and respiratory systems—the liver and kidneys. A functional examination of the heart should also be carefully made in regards to compensatory powers and vicarious heart sounds studied for any light they may throw upon the general nutrition, etc. The arteries must always be felt for any calcareous changes possibly present, in order to prevent or guard against probable primary or secondary hemorrhage in the eye during or after the cataract operation.

The elastic and inflatory powers of the lungs may be casually observed for such diseases as emphysema, chronic bronchitis, asthma and hay fever to guard against congestive and expiratory explosions after the corneal section has been made, thereby preventing separation of the lips of the wound by coughing, sneezing, etc., delaying primary union of the parts and minimizing the danger of extrusion of the media that would very likely follow excessive and sudden tension thrown upon the eye-ball, whose anterior surface lacks support in one-third of its circumference.

Returning to the importance of an examination of the large glandular organs, the subjective examination of the kidneys will frequently disclose conditions occasionally unsuspected to be present, and at times quite active.

In this particular, cataract, the retina is more or less hidden from the search of the ophthalmoscope and hence some reliance can be placed in urinalysis.

It is a well known fact that glycosuria is a frequent cause of cataract and intra-ocular structural changes; hence

its presence materially retards nutrition of the tissues, and the operated eye which suffers some traumatism may in consequence of both unite very slowly or not at all, and all our efforts destined for so much good, end in complete failure.

The presence of albumen in the urine of a cataract patient should arouse immediate suspicion and recall the possibility that with the changes in the kidneys there might also be synchronous ones taking place in the retina, which possibility should elicit a very guarded prognosis and estimate of vision from the operation.

Furthermore, no detail must be omitted in the history of vision. The acuity and field before the incipency of cataract should be gotten from the patient. Have the eyes seen well, indifferently, or badly? Have they sustained an injury at any time? Have they been painful, crossed, inflamed or conscious of musca volitantes? Has the loss of vision been gradual or sudden? Have the glasses been changed frequently? Has any member of the family suffered with hereditary nervous or eye disease? Has there ever been night-blindness, etc., in the family?

After having fully satisfied ourselves in regards to the general health of the patient, careful inspection of the eye and its appendages is an absolute essential before operation is performed. They should be taken up separately and methodically, studied for any deviation from the normal, and frequent comparison with each other made.

*Iris.* The iris should always be atropinized to detect the presence of anterior or posterior synechia. The movements and shape are frequently suggestive. The color of the irides should likewise be compared for any chromatic aberration—the result of iritis, irido-cyclitis, etc. The anterior surface should also be observed for tumors, rents, scars, etc.

*Sclerotic.* The sclerotic may have been at some time or other incised, or injured; hence it should be seen in full exposure while rotating up and down, in and out, and examined for any evidence, *e. g.*, scars, idiopathic ruptures, acute, sub-acute, or chronic inflammations.

*Cornea.* Upon the transparency and curve of the cornea depend, in a large measure, the ultimate success of the cataract extraction, and for these considerations direct and

oblique light should be thrown upon it to discover any disparity in clearness, *e. g.*, opacities, pus, blood vessels, etc. The ophthalmometer may be used if it be deemed necessary to determine irregularities of curvature, or more conveniently for less accurate work, the Placido disc, or the reflection of the window-frame can be easily and quickly used.

*Retina.* Where only one eye has reached the stage of maturation, and the other one is slowly or not at all progressing, an effort should always be made to get a glimpse of the retina with the ophthalmoscope. Whenever possible the field should be mapped out and, furthermore, the acuity of vision in the sound eye must never be overlooked.

*Lids.* The eyelids should be symmetrically studied for their thickness, freedom of movements, the widths of canthi, complete closure over the globe, and for any adhesions to the eyeball; also for any inflammation present.

*Conjunctiva.* This membrane is particularly liable to inflammation, and consequently the absence or presence of pannus, pterygium, etc., should be noted. All inflammation of the conjunctiva must have abated before cataract operation is performed.

*Eye-Ball.* The prominence and movements of the eyeball are elements of no mean importance in the final success of the operation; all possible advantage should be taken of them to enhance the surety of the extraction. Assymetry in protrusion and movements may suggest orbital growths, etc. An eye-ball which is naturally receded in the orbital cavity is less easy of access than one more prominent, and its movements for the same reason more difficult of control. A prominent eye, on the other hand, affords more ease and quicker accessibility, and likewise, places the cornea on a higher plane, at which a section can better be made. It is much better before the operation to get the patient's control of the eye movements by having him trained to move his eye in the direction ordered, and hold the same until requested to assume another position. One's suspicions would be immediately aroused as to amblyopia if the patient's (cataract) eye had been turned in or out for a number of years before the operation. The possible influence would be loss of retinal function from non-use of strabismus.

*Lachrymal Apparatus.* The health of this drainage system is a very important matter in cataract as well as any other operative work on the eye. In health it subserves the the necessary office of draining the secretions from the conjunctival sac, while in disease it is nature's drainage tube, by which to remove redundant secretions and discharges from the eye. There, if impervious in any part, the secretions would be retained, and the conjunctival sac would have heat, moisture and bacteria; (?) the requisites to convert the cavity into a perfect nest for the development of infectious germs, so that any operation done with a stricture, acute or chronic inflammation present could hardly escape infection and its destructive tendency to sight: The blepharal and nasal ends of this drainage system should be patulous, and to make sure of there being no stricture in its entire length a small amount of a bland antiseptic solution should be gently syringed through the canaliculus, sac, etc., and its free passage into the nasal cavity assured before any operation is done, and all inflammations of the lining membrane must also have subsided.

*Patient.* The day previous to operation, the patient should be thoroughly bathed, and active circulation of the skin incited, and if further desired, the head and beard trimmed and face shaved. He can also be given small doses of calomel for its hepatic and diuretic action, the latter strengthened by neutral mixture, or a saline purgative may be substituted. An antiseptic and dissolvent solution, made by dissolving one Seiler's tablet in a half glass of warm water, should be spraned or snuffed into both nostrils three or four times, at intervals of five hours, a day or two before operation to render the nasal cavities clean and free from secretions. The patient should also give perfect rest to his eyes and body for several days before, particularly must he do this with the former. He should also refrain from using his eyes for anything liable to induce congestion, etc. For at least a week before the operation the patient should be put on an exclusive vegetable diet, and where possible, he should take a course of mixed treatment for some length of time.

*Immediate Preparation of the Eye.* The lachrymal sac and naso-lachrymal canal should be gently irrigated through

and through with the above solution of Seiler's tablets, after which the lids, lashes and brows can be thoroughly cleaned with the same fluid. The lashes may be cut down to the lids and the eye-brows shaven to insure more complete asepsis. The lids may now be everted and their surfaces with the retro-tarsal folds freely but gently bathed in the following wash, made comfortably warm:

R<sub>y</sub>  
 Acid Boric,                    grs. xxx.  
 Sodii Chlorid,               grs. iii.  
 Aqua Camphora, oz. vi.

M.—Sig. Use as eye wash.

Or the German method can be used instead of the above. Wash the eyelids and surroundings with warm water and castile soap, following this with ether, and finally bathing the parts with bi-chloride solution 1-2000, and just before making the corneal section, drop several drops of corrosive sublimate solution 1-5000, upon the surface of cornea.

The lachrymal system may again be flushed and the eye is ready for operation. The instruments necessary for the operation, with the exception of the Graefe knife, iris scissors, and cystotome can be boiled and immersed in any antiseptic solution that is customary with the operator. All instruments, however, should be placed in hot sterilized water just before being used.

After delivery of the lense and toilet of the eye, the lids of both eyes are closed and sealed with sterilized or carbalyzed vaseline, after which pad (fig. 1.) (Dr. L. Webster's\* Tax eye pad, Philadelphia, Pa).

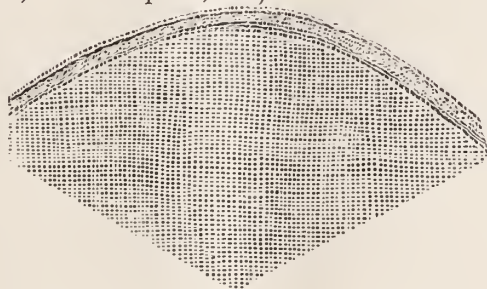


FIG. 1

is placed over each eye, and on this adjusted the binocular pad, fig.2.

\*Made by Seabury & Johnson, New York.



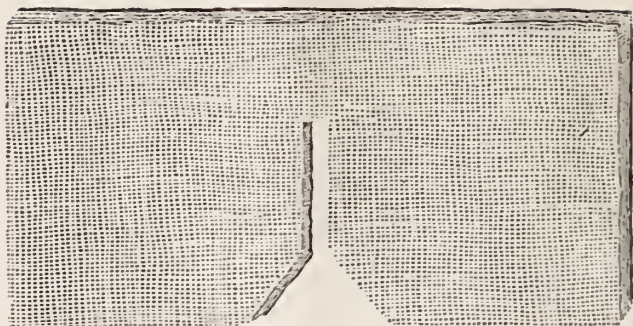


FIG. 2.

These are held down by one-half inch adhesive plaster, making the neatest and most comfortable dressing imaginable.

It is very necessary that all medicinal solutions for use in the eye should be made warm and always contain acid boric in combination *e. g.*, atropin, cocaine and its solution.



ERRATA IN EDITORIAL, MEDICAL KODAK.—Page 155, line 8, legislation (legislatures). Page 156, line 14, ‘‘going to school’’ (omit). Page 156, line 26, hastening (hostility) Page 156, line 27, legislation (legislature), institutions (institution). Page 157, line 7, homogenous (homogeneous). Page 157, line 14, our state and in (in our state and). Page 157, line 24, vags (wags).

## Southwestern MEDICAL RECORD.

---

---

All communications for the editors, original contributions, exchanges, books for review, etc., should be addressed to SOUTHWESTERN MEDICAL RECORD, Houston, Texas.

All communications of a business nature, all money orders, drafts, checks, etc., should be addressed and made payable to ROBT. T. MORRIS, M.D., Secretary, Houston, Texas.

The editors are not responsible for the statements or opinions of contributors.

*To Contributors and Correspondents.*—Original Articles, Clinical Reports, Correspondence upon subjects of General or Special Interest, News Items, etc., are solicited from members of the profession everywhere

---

Ⓔ—Entered as second class mail matter at the Postoffice at Houston, Texas.

---

---

### EDITORIAL DEPARTMENT.

---

---

Medical  
Kodak.

THIS STATE, like the rest of the Union, has one physician to every five hundred inhabitants. With a proportionate increase of physicians, here as elsewhere, some poor doctor has to suffer. This condition of affairs has caused no little uneasiness among the rank and file of physicians, and has given rise to various demands both upon the legislation of

several states and various medical schools. The schools of this state have met the demand by lengthened curricula, as well as increased requirements for graduation. The legislature however, has so far failed to interest itself in the State Medical Association's (miscegenation) medical bill, and the plaintive cry comes from various quarters, "that owing to this failure the district medical examining boards are still admitting incompetent undergraduates into the profession." We can neither gainsay nor yet affirm the above. However, we are loath to believe that the paltry sum of fifteen dollars could influence any board to violate its sacred obligations.

Aside from the numerous students of medicine outside of the state, there are at the medical department at Ft. Worth University going to school, approximately one hundred and thirty, while at the medical department of the State University attending school, there are approximately two hundred and thirty-six students. At the opening of the state's medical branch, the Regents intended to make it self-sustaining by charging tuition; but the legal machinery of the state decided adversely, and it, like the other departments of the University, became free. Now this branch has reached its full capacity, and the Regents desire more buildings to accommodate the ever increasing numbers.

These strictly professional departments of the University, such as law, medicine and engineering being formed, have operated very much to augment the hastening of the legislation toward the institutions. It argues, and with some show of justice, that the state has no more right to tax the people to furnish a business education, such as law, medicine, etc., than to set aside from the treasury any specified amount for a private citizen with which to start a grocery store, or milk dairy. There is, however, another view that the legislature ought to respect and that is: The people voted to found this institution and make it free, and until they change that vote the people's representatives are recreant to their trust in not maintaining it in a suitable manner. Likely, the trouble with the legislature is: that it is composed of men new in this state, and bringing here ideas born of other places and surroundings, they try to engraft them upon our people. I will venture the assertion, without fear of successful con-

tradiction, that there is neither a native Texan, nor yet one that has grown up in this state and is now a member of the legislature, that is opposed to liberal appropriations for the University. The present legislature has been niggardly in the extreme in its treatment of this institution. We will, however, have a new set there next time, and so it will continue until our people become more homogenous, and thus be enabled to have typical representatives in our legislative halls. When that time comes, probably sooner than we think, the Regents can renew their requests with some show of respectful consideration.

State politics in no way affects medical societies, so they flourish in all sections of the state. This we take as an indication of the high professional average our state and in can but point to it with pride. This has not, however, prevented the blatant quacks, both in and out of the profession, from flocking here in ever increasing numbers. Houston, at present, is particularly blest in this regard.

Medical journalism meets the demands in every particular. In this state there are six journals, with as able a corps of contributors as can be furnished anywhere. With this array of journalism the members of the profession can certainly be suited, for their editorial managers range all the way from "vags to ponderous wise," and present a menu to tickle any taste. This journal, alone, *positively* refuses, in the interest of legitimate medicine, to admit secret remedies of any description into its advertising columns. To sum up: Barring a few minor defects, we think the Medical Kodak presents a handsome picture.

R.

Of Interest  
to  
Medical Students.

---

DOCTOR, if any of your students wish to earn an honest dollar, towards paying the heavy expense attendant upon a medical education, tell them: that the SOUTHWESTERN MEDICAL RECORD will give one year's scholarship (\$75.00) to the student forwarding to it, by the 1st of October, next, the largest number of paid up subscriptions.

This prize means a year's tuition in one of the best medical schools in the land, viz., the medical department of the University of Ft. Worth, and can be secured by a little well directed effort on the part of the humblest aspirant for medical honors. Each successive month, the names of contestants for the prize, as well as the number of subscribers secured by each, will be regularly published, and this monthly report of the contest will be continued up to, and including the October No. of the RECORD; all subscriptions must, however, be in by the 15th of Sept., at which date the award will be made. This is a good opportunity for medical students to give an earnest of their business ability, for to be a successful doctor one must needs be a business man as well.

EDITORS.

**The  
Fifty-Cent  
Hospitals.**

---

DR. F. W. HILSCHER, of St. Louis, in answer to a letter sent to him by the crusade leaders against the fifty-cents a month hospitals of that city, aptly says: "There are so many factors besides the '50-cent' hospitals, which

serve the same purpose and produce the same deleterious results to the private practitioner, that I fail to see why these are not included in your 'crusade.' Witness the many hospitals, college clinics, free dispensaries, public and private, where services are tendered absolutely free for the asking; others by private contract with bodies of men, be they lodges, railroad companies, smaller firms and even families and individuals. It certainly cannot be denied that these do many times the business the few 50-cent hospitals do. What is the difference? Verily there is a distinction without a difference, it seems to me. That these men so engaged are frequently and usually men of prominence no one will deny. Yet men who essay to point out to us the straight and narrow path which we should go have been known to make contracts at a rate which would put to blush even the lowest of these low price hospitals. Surely \$1.20 to \$1.60 a year, with visits to the houses, is certainly getting down to bed rock. That such



contracts are made I am creditbly informed is true.'—*American Journal of Surgery and Gynaecology*.

Dr. Hilscher is right, all contract work comes under the same rule, and is a violation of the so called "code of ethics." The doctors connected with the "50-cent hospitals" are no better than those who do contract work for railroad corporations, lodges, etc., except that they have made their prices on their contracts public while many of the others do not.

B.

---

## SOCIETY PROCEEDINGS.

### STATE MEDICAL SKIAGRAPHS.

#### FIRST DAY.

The State association met this year in the pretty North Texas town of Paris, with the genial Dr. R. R. Walker as master of ceremonies. The introductory exercises were neat and appropriate and gave general satisfaction to the members present. So far thirty-six have enrolled. The attendance being composed almost exclusively of young men, there has been very little political legislation.

Dr. J. Larendon, of Houston, Texas, after serving as treasurer for a quarter of a century, has tendered his resignation, and the courtly Dr. H. A. West, the veteran secretary, has suggested that the proceedings be journalized, *i. e.*, be published in some one of the six state journals and thus make it the official organ. The association failed to act upon it.

Dr. E. Lanphear, of St. Louis, is here incidentally looking after journal interests in this section.

Dr. Bacon Saunders, one of nature's noblemen, presented a paper setting forth his views on impervious strictures of the membranous urethra. He is of the opinion that suprapubic cystotomy is preferable, where for any reason perineal section is difficult.

Dr. A. C. Scott is a strenuous advocate for removal of sequestra in the inferior maxilla. His paper was practical, pointed and well received.

Dr. M. D. Knox gave a thorough presentation of the

subject, "Traumatic Injuries of the Nerves." His paper was interesting, instructive and beneficial from many points of view. He believes divided nerves may regain sensibility, sometimes, in a few hours after union.

#### SECOND DAY.

The attendance was doubled to-day, there being sixty-two on the roll.

Our friend, Dr. H. A. West, the efficient secretary, still asks ? ? ? They keep things going and always have a point.

Dr. Sears, of Waco, opened his battery on "Typhoid Fever in Texas," and precipitated a lengthy discussion, so much that it ran over and became the special order for a night session. At this session Dr. Sears, by special request, read another paper intended for Central Texas Association, on a similar subject to the morning paper. He kept the members in great merriment, by constant allusions to his practice of giving quinine in large doses (to sixty grains daily) if need be for a year. The doctor is wholesouled, entered into the spirit and humored the joke. Nothing new was developed, and each one quit, more convinced than ever that he was right.

The paper by one of the editors of this journal on "The Present Status of Serum Therapy," elicited from Dr. E. P. Hershey (Denver) the statement: that in the treatment of tuberculosis he had obtained a fair degree of success by the use of oil of cloves and olive oil (sterile) both hypodermically and orally. He gives once daily a hypodermic injection of, first day, five drops of this mixture; second day, ten drops, and so on to twenty, and then increases two drops, daily, until the limit of endurance is reached, then stop. With the above, in much the same way, twice daily the medicine is given by the mouth.

The afternoon session was taken up by a number of papers on gynecology, wherein the cross-roads doctor was told to make a careful diagnosis and go ahead.

After the above Dr. N. Macphatter, of Denver, read a prose poem on "Ectopic Gestation." He advocated the use of ferric perchloride to check hemorrhage at the seat of

the plecenta. He was severely criticised for this, especially by Dr. E. Lanphear. Dr. Lanphear talks well and shows great familiarity with the subject.

The visiting M. D.s from Colorado, Kansas and Missouri are a bright lot. There are seven of them, and all told, carry as much brains as the same number anywhere.

### THIRD DAY.

The morning hours were chiefly passed in executive session and work in the section on ophthalmology. Dr. E. Lanphear reported a case showing that papilitis is not always present in brain tumors. The visitors, while bright and interesting, might, without encroaching on good form, have said less during section work.

Dr. Hulburt, of St. Louis, makes a strong plea for retention of the womb even at some risk to the life of the patient, owing to the strong probability of strained marital relations in the future.

On the fourth Tuesday in April, 1898, the association will meet in Houston, Texas. Dr. J. A. Mullen is appointed chairman of committee of arrangements. Dr. Bacon Saunders was chosen president. The vice-presidents in the order named were selected, viz.: S. C. Red, Houston; A. C. Scott, Temple; C. M. Alexander, Coleman. Orator—I. N. Suttle, Corsicana. Committee nominated to consideration of Gov. Chas. Culberson if proposed bill becomes a law: J. T. Wilson, Sherman; T. J. Bell, Tyler; J. H. Sears, Waco; J. C. Irwin, McKinney; J. C. Loggins, Ennis; J. W. McLaughlin, Austin; B. E. Hadra, San Antonio; D. F. Stuart, Houston, P. C. Coleman, Colorado City; W. R. Blailock, McGregor; J. E. Gilchrist, Gainesville; S. Egan, Dallas.

Dr. J. C. Loggins, in the President's annual address, handled, without gloves, the medical boards of this state that license undergraduates. He mentioned particularly Galveston, and stated that one of the faculty of the medical department there participated in the shameful procedure.

Dr. J. C. McReynolds, orator, threw boquets in gay and

elegant profusion to the ladies and the medical profession. His speech was well received and favorably commented upon.

The local medical profession do not seem to be a unit in their efforts at entertaining. An ethical splinter seems to have punctured their tire.

Fifteen new members added this session, and about 75 altogether in attendance.

Dr. R. F. Miller's (Sherman, Tex.) paper on ethics of specialists fanned into a flame the smouldering embers of personal grievance. In closing the discussion, however, he threw oil on the troubled waters by saying: that it reminded him of the old woman at a camp-meeting, who being pressed for her preference in songs, said: "Please sing 'Hell Broke Loose in Georgia.' " The day was closed by a reception and supper at the Kimball House, tendered by the Lamar County Medical Society.

#### FOURTH DAY.

The handful of members this morning look like "the crowd that got left." Very little interest is taken in the papers read during this short final session. Most of the members read the *Dallas News*, being more attracted by it than by the papers left to the eleventh hour.

Drs. Benbrook, Church and McReynolds had papers and cases to report, while all the papers present and unrepresented by their authors were referred in bulk to the publishing committee.

#### ODDS AND ENDS.

Dr. Milliken (Dallas) voluntarily changed from an honorary to an active member. This contradicts the statement that "honorary members never die or change."

No honorary members were made at this meeting, for the simple reason that all applicants (?) could not be, and the committee did not wish to make invidious distinctions.

Dr. C. S. Bebo (Boyd, Texas.), weight something less than 400 pounds, would cure any disease, not organic, by the sight of his jolly face.

Dr. A. B. Gardner (Bellville) told a new lot of side-splitting jokes and kept "dull care" in full retreat.

The water, milk, instrument, journal, book and all others with an ax to grind were much disappointed at the small attendance. The meeting, however, from the standpoint of pleasure and profit to the medical men, found not its superior.

---

The following are the papers announced to be read at the meeting of the South Texas Medical Association at its semi-annual meeting, to be held in Galveston on Friday, May 14th, 1897

"Ligation of the Common Carotid."—Dr. R. T. Morris, Houston.

"Operative Interference in the Removal of Tumors of the Upper Cervical Region and Face."—Dr. J. E. Thompson, Galveston.

"Etiology and treatment of Dysentery."—Dr. H. A. West, Galveston.

"Anatomy of the Kidney."—Dr. Bat Smith, Wharton.

"Lipomata."—Dr. Sofie Herzog, Brazoria.

"Wound Grafting with Tissues from the Lower Animals."—Dr. C. W. Trueheart, Galveston.

"Consideration of Catarrhal Deafness in the Young."—Dr. J. A. Mullen, Houston.

"The Management of Abortion."—Dr. R. W. Knox, Houston.

"Contrameditation to the Use of the Coal Tar Derivatives."—Dr. B. F. Calhoun, Beaumont.

"The Hypodermatic Use of Iron."—Dr. David Cerna, Galveston.

"Some Practieal Observations in Pelvic Operations"—Dr. J. H. Sampson, Houston.

"The Phneudoscope and its Use."—Dr. O. L. Norsworthy, Houston.

Volunteer Papers.

—*E. S. Ferguson, Secy.*

---

#### BRAZOS VALLEY MEDICAL ASSOCIATION.

The Third Semi-Annual Meeting, held at Cameron, Texas, May 11th and 12th, 1897.



## PROGRAMME.

1. Paper—Infant Feeding; Its Results—Dr. G. M. Abney, Franklin. Discussion—Dr. W. W. Greer, Cameron; Dr. George R. Tabor, Bryan.

2. Paper—Malaria Haematuria—Dr. W. B. Briggs, Easterly. Discussion—Dr. D. Monroe, Cameron; Dr. Daniel Parker, Calvert.

3. Paper—Third Stage of Labor: Its Sequellæ—Dr. B. F. Watkins, Bryan. Discussion—Dr. W. F. Sharp, Davilla; Dr. F. R. Collard, Wheelock.

4. Paper—Inflammation—Dr. D. L. Peoples, Navasota. Discussion—Dr. Thos. A. Pope, Cameron; Dr. T. G. Curry, Bremond.

5. Paper—To be supplied—Dr. D. Monroe, Cameron. Discussion—Dr. D. H. Bailey, Branchville; Dr. G. H. Richardson, Hayes.

6. Paper—La Grippe—Dr. W. W. McDonald, Easterly. Discussion—Dr. R. W. Wallis, Rockdale; Dr. O. T. Lewis, Welborn; Dr. C. T. Doremus, Hearne.

7. Paper—Diseases Incident to Pregnancy—Dr. J. W. Hudson, Milano. Discussion—Dr. J. M. Nicks, Stone City, Dr. W. H. Harrison, Bryan. Dr. W. A. Smith, Hearne.

8. Paper—Eczema—Dr. R. W. Nobles, Temple. Discussion—E. Brittain, Bremond; Dr. H. L. Fountain, Bryan.

9. Paper—Membranous Laryngitis—Dr. J. P. Oliver, Caldwell. Discussion—Dr. I. P. Sessions, Rockdale; Dr. J. H. Brewton, Franklin. Dr. A. G. Barnhill, Sebesta.

10. Paper—To be supplied—Dr. W. W. Greer, Cameron. Discussion—Dr. R. S. Carroll, Calvert; Dr. John D. Porter, Gause, Dr. L. L. Todd, Harvey.

11. Paper—Dysentery—Dr. A. J. Ellzey, Lilac. Discussion—Dr. A. Kobra, Rockdale; Dr. W. J. Adderhold, Millican; Dr. W. P. Gilstrap, Wheelock.

12. Paper—To be supplied—Dr. E. N. Shaw, Cameron. Discussion—Dr. W. C. Taylor, Branchville; Dr. L. M. Bassett, Hearne; Dr. J. M. Sales, College Station.

Voluntary Papers and report of cases.

## SOUTHEAST TEXAS MEDICAL SOCIETY.

One of the best attended meetings of the Southeast Texas Medical Society was held in the City Hall last night, members from Orange and other places in the district in attendance. The president and vice-president being absent, the members called Dr. J. S. Price, of Beaumont, to preside *pro tem*. The regular secretary, Dr. B. B. Calhoun, being present, the meeting proceeded to read the minutes of the last meeting. The following M.D.s were elected as members on application: Drs. J. D. Butler and H. E. Seastrunk, of Orange; Drs. B. F. Bean and J. D. Yates, of Kirbyville; T. E. Stone, of Jasper; M. B. Saunders and T. B. Haines, of Beaumont.

A report of a case of obstetrics, with contracted pelvis where forceps fail to deliver, was made by Drs. S. W. Sholers and J. C. Seastrunk, of Orange. Dr. J. S. Price reported a case of angierio neurotic oedema in a lady about fifty-five years old. Dr. M. B. Saunders related his experience in attending accouchment in Mexico.

After a full discussion of cases reported the meeting adjourned to meet in Beaumont the first Tuesday in July next.

PILL.

---

SEMI-CENTENNIAL MEETING OF THE AMERICAN MEDICAL ASSOCIATION.

The semi-centennial meeting of the American Medical Association, which will be held in Philadelphia on the 1st, 2d, 3d and 4th of June, 1897, bids fair to surpass in the character of the entertainment, the scientific papers and the number in attendance, any meeting which has heretofore been held. The committee in charge have been able to obtain large and roomy places of meeting for the general meetings and the Section meetings, all within a single block and within very short walking distance or immediately adjacent to the largest and most comfortable of the Philadelphia hotels.

For the week preceding and following the meeting, the committee of arrangements have also arranged for clinical courses which will be open without charge to all physicians

who may visit the city at that time. These courses cover every branch in medicine and its specialties, and will afford visitors the opportunity of seeing the active clinical work of all the great teachers of Philadelphia, which is now, as it has been for so many years in the past, in every respect the medical center of the United States.

---

The following letter concerning the Twelfth International Medical Congress, which meets at Moscow, Russia, in August, has been received by the RECORD from prominent Chicago medical men:

CHICAGO, ILL., April 3, 1897.

Dr. John M. Blair, Editor Southwestern Medical Record:

DEAR DOCTOR—We believe that the comfort of those American physicians who, with their relatives and friends, intend visiting Moscow during the meeting, next August, of the Twelfth International Medical Congress, will be greatly enhanced and the journey itself rendered more interesting and pleasant, as well as more economical, by proceeding as one party, instead of traveling singly or in small groups. Acting on this belief, we have secured considerable reductions in the ordinary steamship, railway and hotel rates, and have succeeded in arranging the enclosed itinerary with the well known tourists' agents, Messrs. Cook & Sons. They assure us that the charges quoted are as low as is compatible with first-class service throughout the trip.

An educated conductor will accompany each section of the party and the journey may be broken at almost any point, to meet emergencies.

Will you assist in giving America her proper representation at the Congress by publishing a full notice of the Excursion as you can, and, if possible, joining it yourself?

Very truly yours,

N. Senn,  
D. R. Brower,  
Casey A. Wood,  
J. B. Murphy,  
Harold N. Moyer,  
D. A. K. Steele,  
Eugene S. Talbot,  
B. T. Whitmore.

A special tour to Europe, including the International Medical Congress at Moscow, August, 1897, under the patronage of the Russian government, will leave New York on Saturday, July 3, 1897, by the North German Lloyd Steamship "*Werra*," under the arrangements of Thos. Cook & Son, managers of tours and excursions. Three different routes can be taken after reaching Europe. Thos. Cook & Son are old reliable excursion managers, and are well known to the traveling public all over the world. Their name is a guarantee of a first-class, well conducted excursion trip to almost any part of the world. A little pamphlet illustrating and giving all the particulars of this tour, in connection with the meeting of the Twelfth International Medical Congress to meet at Moscow in August, also giving all the prominent places of interest to be visited each day of the tour, can be had by addressiong Thos. Cook & Son, at their general western agency, 234 South Clark street, Chicago, Illinois.

---

The Fortieth Annual Meeting of the Missouri State Medical Association will be held at the Century Theatre, St. Louis, Mo., on May 18th, 19th and 20th, 1897.

---

The American Laryngological, Rhinological and Otological Society will hold its Third Annual Meeting at Washington, D. C., May 1st and 3d, 1897, at Columbian University, corner 15th and H Streets. Franck Hyatt, President; Robert C. Myles, Secretary and Treasurer. The profession is cordially invited to attend.

---

### NEWS AND MISCELLANY.

Dr. E. A. Harris, of Navasota, was in Houston last month.

"He who lives for self alone lives for the meanest man in creation."

Osteopaths failed to amend the Medical-Practice Act of Iowa to suit their convenience.

Houston was represented at the State Medical Association by Drs. S. C. Red and J. Larendon.

The American Medical Editors' Association meets in Philadelphia June 1-4. Dr. Hare presides.

The State Medical Association selected Houston as the place to hold its next annual convocation.

Dr. W. A. Olive, one of the leading physicians of Waco was in Houston last month and called on the RECORD.

Dr. W. O. Cloud, of Clay Station, has returned from a course of lectures at the University of Alabama, at Mobile.

The College of Physicians and Surgeons, of Chicago, has recently become the Medical School of the University of Illinois.

Read the rules and regulations governing the award of the Yale Surgical and Gynaecological chair, and send in your papers accordingly.

Dr. O. F. Carson, first honor man at the Medical Department of Fort Worth University, was formerly with the Houston Infirmary, Houston, Texas.

Dr. Nicholas Senn has purchased the enormous library of the late Du-Bois Reymond, of Berlin, and presented it to the Newberry Library of Chicago.

Dr. J. L. McLaren, of Beaumont, Texas, late of Saginaw, Mich., and Professor of Gynaecology in the Saginaw Medical College, was in Houston last month and called on the RECORD.

Dr. F. L. Adams, of Staffords Point, Texas, formerly with the Houston Infirmary, has received an appointment as interne, in Mt. Sinia Hospital, New York City, for the year of 1898.

The *Texas Health Journal* has been merged into the *Texas Practitioner*, and is very much improved in appearance and otherwise, and is published at Dallas under the same management.

There is a bill in the New York Legislature to establish a laboratory for the preparation of evidence for use in future murder trials conducted by the State. The expense of "expert" evidence is responsible for the act.—*Medical Fortnightly*.

Dr. A. E. Starnes, of Avinger, Texas, writes an encour-



aging letter to the editorial staff of the RECORD. He says the March number was worth one dollar—the subscription price for one year. Thank you, doctor. The RECORD hopes to grow better, and to that end asks the assistance of every physician.

The Court of Appeals of the State of New York has sustained the law passed two years ago, forbidding any person, after once being convicted as a felon, from practicing medicine. It was fought on constitutional grounds, but without avail. The courts now hold that a man who is admitted so freely into the family circle should be of good moral character. This is a law that other States might wisely copy.—*American Medico-Surgical Bulletin*.

Dr. T. J. Pressley, Runge, Tex., paid us a pleasant call on the 13<sup>th</sup>. The doctor talks interestingly on medical topics and is a strenuous advocate of the let-alone treatment of our continued fevers. He is of the opinion that the marasmatic condition following summer diarrhoea in infants, is due to a lack of phosphorus in the system, and reports excellent results from the use of the following:

R

Ferri phosphas  
Calcii phosphas aa grs. x  
Aquai calcii dilut. oz. ii.

M—Sig. teaspoonful every 3 hours.

In an action against a surgeon for malpractice in setting and treating a broken arm, the Supreme Court of Nebraska holds, in the case of Miller vs. Frey, decided October 21, 1896, that the measure of damages is the damage accruing to the plaintiff in excess of that which would have accrued naturally from the breaking of his arm had he been treated with that degree of skill ordinarily possessed by surgeons. It is not the damage resulting from the breaking of the arm. That some damages would have resulted from that injury in spite of the most skillful treatment is pronounced clearly unquestionable. The defendant, no matter how unskillful he may have been, could not be liable for all the injuries resulting from the breaking of the arm. He is only liable for those resulting from malpractice; that is, for the damages resulting

from his failure to exercise that degree of care and skill ordinarily exercised and possessed by physicians and surgeons in the treatment of such cases.—*Jour. A. M. A.*

#### BOMBAY'S DEATH ROLL.

The following is a summary of the deaths from plague from September 26, 1896, to January 19, 1897. In all, seventeen weeks are recorded:

Week ending	Number of Deaths from Plague per Week.
September 26, 1896	193
October 6, 1896	300
“ 13, 1896	226
“ 20, 1896	129
“ 27, 1896	228
November 3, 1896	225
“ 10, 1896	174
“ 17, 1896	242
“ 24, 1896	314
December 1, 1896	315
“ 8, 1896	591
“ 15, 1896	840
“ 22, 1896	946
“ 29, 1896	1484
January 5, 1897	1217
“ 12, 1897	1154
“ 19, 1897	1257

Total plague deaths to January 19, 1897 ..... 9835

—Medical Fortnightly.

---

#### PUBLISHERS' NOTES.

To PHYSICIANS—When over in the first ward you can have your powders dispensed in elegant cachets or wafers by writing, Ft. Cachets, on your prescriptions and sending them to Richards drug store, 1718 Houston avenue.

Also, in this issue will be seen the Oak Lawn ad. This institution is under the medical supervision of Dr. Frank Parsons Norbury, who has had a long experience in such cases.

Sour Lake is now under a new management—The Sour Lake Company—gentlemen well known in business circles. It is gratifying to know that the remarkable resort is under such a management, and we can most assuredly recommend it.

# *Southwestern Medical Record.*

*A Progressive Monthly Journal of Practical Medicine and Surgery.*

---

VOL. II.

JUNE, 1897.

No. 6.

---

## **The Treatment of Typhoid Fever—Radical (a).**

F. B. KING, M. D., HOUSTON, TEXAS.

In the treatment of typhoid fever, granting the specific and microbic causes, and their relations to the pathological lesions, and the systematic effects (auto-intoxication) by the microbes generated and diffused from the seat of war, viz: the intestinal lesions. Secondly, enlargement of the mesenteric glands, softening or granular degeneration of the muscular tissue and enlargement of the spleen.

Any treatment involving the administration of intestinal irritants, or cardiac depressants, most certainly increases the

---

Read at the South Texas Medical Association, December 9th, 1896.

NOTE.—(a). Radical is not used here, as altogether meaning curative, more especially I apply its limited meaning, "a thorough reform." We must remove the cause, the toxins and microbes and the poisons; without this we do nothing. In typhoid I think it is possible to not only counteract the effect of the toxins by sterilizing the liquid plasma, and secondly, we can kill the germs at the seat of the lesion by appropriate antiseptic measures.

tendency to early diarrhoea, if not intestinal hemorrhages, and cardiac weakness, and should not be given. Feebleness of heart's action, especially in the latter part of second and third weeks, predisposes to hypostatic congestion, thrombi and emboli, sometimes resulting in infarctions. With these primary remarks we will pass to the consideration of some of the symptoms as they arise in the development of this disease: First, the temperature and headache attract our attention; an oscillatory temperature is the rule; the pain in the head is invariably present in some degree; its severity is not measured by the amount of temperature so much as by the toxic condition of the system. To meet the indications, I use three measures: First, a drug that will reduce fever and relieve pain, acetanlid; second, a drug that reduces fever by its antiseptic and auto-toxic effect, sulpho-carbolate-zinc; third, a drug that will eliminate, viz: By skin, by kidneys, by bowels. The skin can eliminate those toxins that have passed into the lymphatics, the kidneys those that have passed into the blood channels, and have begun their destructive work on the heart muscles, spleen, etc. The mucous membrane of the bowels by reasons of its double action, a secreting, excreting and absorbing membrane, can throw off the products of pathologic action, and keep the field clear of decomposing and by products. This is a most important point to ever keep in mind: Diarrhoea is one of nature's efforts to get rid of the enemy that has its seat of action at the junction of the small and large gut. We want to substitute a healthy diarrhoea for a pathological. One drug, of all drugs, meets the above enumerated indications, viz: Sulpho-citrate-magnesia solution.

These three suggestions are religiously adhered to for the first eight days. In the larger majority of cases, you can rest perfectly easy that this will control them.

In the more severe, where we have had an active temperature with tympanites developing, or a tendency of deliriousness, or wakefulness at night, we know we are not doing our duty. Then we want a drug that will render the alimentary tract odorless and devoid of gases.

Tympanites is the result of temporary paresis of the circular fibers of the colon, thereby rendering it unable to expell

gases. Secondly, we have increased eliminations of poisonous toxins; increased elevation of temperature; increased debility by reason of these toxins action on the nerve center; a tendency to delirium. This condition predisposes to hemorrhages of the bowels. I here add two drugs, salicylate pulv. doverii.

We also use external applications of cold water. Not a dip bath or ice pack, but simply ice cloths, or ice cap on the head, and sponging the body which is grateful to the patient.

Sometimes, however, you will find this extremely objectionable, apparently produces rigors. We have been lead to believe that ice dips will cure typhoid fever by some of the extremists. That you can readily reduce a temperature of 106 deg. to 99 deg. in thirty minutes. This is radically wrong. Cold water is used, not so much to reduce fever, as to stimulate the patient by its action on the peripheral nerves. Reflexly stimulates all the organs. Not one but the entire visceral and central nerve system. Thereby increasing their energy to renewed action, if only temporary, they perform their functions better. Thus we have a stronger, fuller pulse, twenty beats per minute less. The breathing is stronger and deeper. We have increased oxidation. The urine flows freer. The digestion is stimulated. The head feels better. Your patient will take a dose of medicine and some nourishment, drop off into a profound slumber. The skin gets soft and moist, the temperature dropped two or three degrees. The sentinel on watch, 'the nerve centers,' becomes drowsy, overcome by the auto-toxine, fails to respond to the touch of the heart centers for more force. We have the same picture reproduced, etc. This covers a period of six days. In these six days your battle is won or lost.

Guard well your patient from the ninth to the fifteenth day. If you have kept your symptoms level, and preserved the integrity of the alimentary canal, not had much head symptoms, you are safe.

On the other hand, if your engineering qualities and perceptive faculties have been bad, you will find, instead of a decrease in all symptoms, there will be a gradual increase, and we have reached a period where we need but little antipyretics. No ice except the head and abdomen. Increase



bismuth, salicylate-sulpho-carbolate-zinc, and reduce the *doverii*. Add wine of iron *et* strychnine, concentrated nourishment and stimulant.

Never give sweet milk to a patient with a temperature over 102 deg. It is a rank poison, and will breed more cocci in fifteen minutes than you can kill in as many hours.

Of all stimulants, stick to pure whisky and straight water. Don't dilute too much. Leave it so it will burn the throat a little as it is swallowed.

Cut out first, last and all the time, noggs, punches, stews, flippis and fizes. If you don't want to disgust your patient with all. Grant giving it when indicated, and if you want to reduce a pulse from 150 to 140 add to one ounce of whisky one and one-half grains of acetanilid. Watch how quickly you knock off twenty to thirty beats.

You say digitalis, strophanthus, nitro-glycerine, etc., for weak hearts. Forget there ever were such drugs in the treatment of typhoid fever.

Do I hear from a quinine brother? God grant that you may never give another dose in typhoid fever. I do not believe that it ever had any influence for good or ever will. On the other hand, it increases head symptoms, and predisposes to delirium.

Again I hear, how can you treat typhoid fever without turpentine? Yes, it is hard, very hard. It took me five years' hard work to convince myself that if I lost a case of typhoid fever without giving turpentine a chance, I had done something almost criminal. I am free to say that since I stopped the use of the above two drugs, my recoveries have increased over two hundred per cent. My better judgment compels me to admit, that personally, I have never observed any beneficial results from turpentine, moreover, I have detected irritation of the kidneys, and frequently albumen in the urine after its administration.

Another practice that cannot be too strongly condemned, is the use of hypodermic syringe after the second week, and the administration of hypnotic drugs.

I sincerely believe more harm is done by the over-anxious medical attendant than all other influences combined.

The rational and radical treatment are based upon the

facts, if it is a specific disease, caused by a specific typhoid bacillus, with definite pathological lesions of Peyer's patches well understood, why not apply a specific line of treatment that is absolutely sure to give results as the toxins that are eliminated from the lesions are to produce auto-intoxication of the system.

Thus we have laid down the principles and outline treatment that writer has used for years (a period of about six) in general practice with absolute reliance on its efficacy and a death rate of almost none.

Albumo-Toxine, not a good word.

Oscillatory, one that swings up and down, irritable.

Typhoid Bacillus.

Peyer's Patches.

Auto-Intoxication, continuous action.

Typhoid Bacillus, grows freely in broth and milk. Bacilli fed on beef juice produce toxins which act more strongly on the nervous system than if they were fed upon milk. The typhoid-bacillus thrives in nitrogenous media, not upon Carbo-Hydrates. Starches or Carbo-Hydrates do not make toxins.

We have two objects in view, temperature and diarrhoea.

#### APPENDIX.

Acetanilid: It is not changed by acid or alkali; absorbed direct by liquid plasma, and by its chemical decomposition unites with the loosely combined oxygen and reduces oxy-Hemoglobine to Hemoglobine. thereby setting free, Phenyl, Hydroxide  $C_6H_5HO$  in its nascent state, which is to-day claimed to be one of the best anti-toxins known to medical science. It acts as a Cerebro-Vaso-Motor, stimulates without depression—"in small dose" it equalizes the blood supply to these centers. The blood pressure is first elevated, but soon falls. The heart's action becomes slower. The temperature falls. The elimination of urea is increased.

---

NOTE b. "Boiled Milk" requires more digestive effort than un-boiled. In the later case the Sero-Albumen and nucleated cells are absorbed directly by osmosis without chemical change. Milk may be pasteurized, warm 160 deg. F., without interfering with its digestibility, by coagulation of the sero albumen.

**Placenta Praevia. \***

W. OLIVE, M. D., HOUSTON.

Gentlemen; The subject we thought worthy of our consideration is hemorrhage previous to the birth of the child, and known as the unavoidable hemorrhage caused by the placenta offering itself at the os uteri, either blocking up the mouth of the organ or being partially or wholly implanted over it, so that dilatation cannot take place without necessarily separating the placenta to a greater or less extent from its uterine attachments.

It has for a long time been known that the placenta may be found at the os uteri during labor—this malposition was noticed by Guillemeau, Mauriceau and others of France; Daventer, in Holland; Bracken and Pugh, of England, besides others; but they all held the opinion that it was not originally adherent to this part of the uterus by nature, that in consequence of some peculiar accidental circumstance it had become loosened from its attachments above, had fallen down by its own weight and had thus accidentally attached itself over the uterine orifice. But inasmuch is not only the placenta attached to the surface of the uterus, but the chorion is in apposition to that surface throughout the remaining extent of the membrane, the decidua indeed being interposed, and inasmuch as the membranes are closely united with the placenta, it would follow either that they must be torn from the placenta all around, or that the whole ovum must partially revolve. Mr. Rainsbothan, says he would have neither of these occurrences take place; and that there is exactly the same arrangement of the vessels of the cervix uteri and exactly the same kind of connection between those vessels and the placenta as obtained between that organ and the vessels of the other parts of the uterus when it is placed in a more natural and fortunate position.

Portal seems to have been the first author who described the placenta as planted by nature on the os uteri; he gives nine cases, the first of which occurred in 1664, one of them appeared to have been a partial presentation. He was evi-

---

\*Read before the South Texas Medical Association, December 9, '96.

dently aware that the placenta was originally attached in that situation and had not gravitated either by its own weight, or been detached by the movement of the child and thus fallen down into the position where it was discovered. Giffard, Roeder and Lewer in their works published in 1753 and 1765 entertained the same opinion as Portal. It seems that notwithstanding the well established truth on this subject, very little consideration seems to have been paid to the subject until Rigby in 1775 gave his excellent treatise to the world. Since that time in consequence of the distinct rules he has laid down for our guidance, hemorrhage before delivery have been treated on a certain established principle. Under a placental presentation there will be a greater or less discharge of blood on the dilatation of the os uteri; if the case was left entirely alone to nature, the bleeding would proceed either as a drainage or in gushes until the successive faintings terminate in fatal syncope.

The diagnosis is not always an easy matter in early gestation; before it is possible for the examining finger to penetrate the cervix and to reach high enough up to feel the presenting placenta in pregnancy prior to the sixth month, we will have to search for other causes. Polypii; attempted abortions, etc., and after having excluded them all in case the hemorrhage recur before the seventh month of gestation even then it is not possible to feel the mal-insertion, the rule should be to take steps to empty the uterus.

Often before it is possible to insert the finger into the cervical canal the increased development of the lower uterine segment to one or the other side and the additional pulsation in this neighborhood over that which is normal will excite the suspicion of the physician. As soon as it is possible for the examining finger to penetrate through the cervix the diagnosis will be made in case of central implantation you can reach with your finger the soft boggy placental tissue instead of the presenting part of the child. In the event of marginal attachment the diagnosis can only be made out unless it is possible to pass the finger above the internal os and reach the lateral wall of the uterus. In case of the lateral attachment, however, it is exceptional that the first hemorrhage occurs before the seventh month of gestation,

and then it is apt to be slight. The next hemorrhage may shortly follow and be profuse; so that even in cases of lateral attachment it behooves the physician to be on his guard in order to resort to the proper treatment before the woman has a chance to become exhausted from loss of blood. Hemorrhages, occurring at greater or less intervals, are quite sure signs of placenta praevia. The first hemorrhage may not amount to much, but since hemorrhage to any degree during pregnancy is abnormal, in the event of the hemorrhage being at all profuse, or where the physician is able to feel the placenta presenting, then it is unwise to temporize.

Steps should be taken to empty the uterus according to thorough antiseptic rules.

Granadin and Jarman, in their late work on Obstetrics, say under the method of treatment advocated in obstetric surgery the prognosis of placenta praevia has been greatly bettered over that which older methods of treatment gave. The elective emptying of the uterus enables us to save nearly 90 per cent of the infants instead of losing this number, as was the record of the past, and the chance of the woman's life being saved may be placed at 98 per cent. These statements apply strictly to instances where there is no temporizing with tampon, or worse than all, with ergot. The uterus is emptied after dilatation by the hand, preceded where need be by encision of the cervix, and the uterine tamponade is at once utilized in cases where the organ does not contract, the woman being thus spared the loss of blood as far as possible, the risk associated with these manipulations is simply septic infection, and therefore the corollary to proceed aseptically.

---

### Fever.

#### SIXTH PAPER.

To compete for the Yale Surgical and Gynecological Chair offered by the SOUTHWESTERN MEDICAL RECORD, for best paper on some medical subject. See last cover page.

The subject of fever is very interesting, notwithstanding little is known of its etiology or of its pathology. While we define fever as an elementary form of disease characterized



by an increase of temperature, pulsation and respiration, together with increased blood and tissue oxidation, still the thermometer is the admitted test. On looking for the source of normal animal heat we find the pathologist no less able to account for abnormal heat than the physiologist is for his side of the question. While the writer is entirely unable to satisfy even his own mind concerning animal heat, still any subject discussed in the light of reason leaves the inquirer no further from the truth than when he began and possibly some nearer.

We know of no source of heat except the sun and its minor agents. The vegetable world in organizing its own tissues, incorporates a portion of this heat which is insensible so long as the identity of the structure remains unchanged. If this vegetable product have its identity destroyed in the circulating blood, which is done by a chemical process where by blood and tissue elements destroy the identity of each other, the result will be the evolution of heat. The blood immediately supplies the proper material to be organized and refills the void. Oxygen is nature's scavenger, hence the exchange which takes place is conducted by oxygen.

Through the thoughts as submitted we wish to look for the conditions of pyrexia. In the mind of the writer, the increase of respiration and pulsation is due to the increased oxidation and its products, and the increased oxidation is the result of lowered nutrition. Having clearly fixed in the mind the heat as produced under normal reaction between the blood and the tissues and the fact that in the normal reaction the heat evolved serves the economy, first by administering to its warmth and secondly by a part becoming latent in the repaired tissue, we are ready to proceed with that part which seeks to account for increase of temperature.

If from morbid agents in the blood, or from severe shock the interrelation between blood and tissues is disturbed, the result is impaired nutrition, which reduces the vital function, rendering the entire organism unstable. Such a condition favors degeneration and prevents the reorganization of tissue. Hence there is increased oxidation, giving direct increment of heat, and on the other hand there is a failure on the part of the cell to utilize the usual amount of heat in

organizing for the repair. Then we conclude that fever is the result of the change of identity in the blood and tissues abnormally rapid and the failure to render the normal amount insensible by reorganization.

In replying to that theory which escapes the hobble by recognizing the thermal center, we would say that such center, if it exist, can act only as a governor, an inhibitory action over the tendency of exchange between the blood and the tissues. And those who account for animal heat on the theory that there is a central origin imparting power or motion to the nerve fibers, which in turn is transformed into heat, must establish the fact. First, that there is a center containing enough organized matter to maintain an elevation of temperature for many successive weeks, and under conditions unfavorable to its own nutrition; for such an hypothesis only shifts from a direct cause and accepts an indirect cause, either of which is dependent upon disorganization.

Coming to the more practical side of the subject we note the average temperature of the animal body as generally given to be 98.6 deg. F. A slight variance from this is consistent with health. So long as the range is between 97.3 deg. F. and 99.5 deg. F, our patient may be in perfect health, but below or above these limits indicates disturbance of the system at large.

A fever has a stage of invasion, a stage of dominance and a stage of decline.

The stage of invasion marks the period of chilly sensations, often marked rigors, with small rapid and long pulse. The surface is more or less cold and pale though the thermometer in the axilla shows a rising temperature. This stage seems to mark the time that the system requires to adopt itself to the new surroundings. The poison, so to speak, is measuring swords with the physiology. This condition does not often continue for more than one to two or three hours, when seemingly reaction has thoroughly taken place. The stage of dominance has set in. The surface is hot and flushed. The pulse is full and bounding. The patient complains of great thirst, often sick stomach and insomnia. The urine is usually highly colored and scant. The appetite is impaired from beginning. The digestive function is

much reduced. This stage may last for only a few hours, as in a malarial paroxysm, or for many weeks, as in typhoid fever.

The stage of decline is the period the beginning of which is the tendency of the physiology to assert its victory. The poison has lost its virulence which is manifested by the decline of temperature, the re-establishment of the appetite, and more or less profuse perspiration.

#### TREATMENT.

The stage of invasion not infrequently demands prompt and decided measures.

Malarial toxemia, the introduction of much septic matter into the blood and high internal fevers in children, at the outset, often demand immediate relief. The condition is that of shock. To tide the patient over to the second stage requires quieting and supporting measures. In the malarial and septic types no drug to secure quiet promises more than opium. The vital powers should be further sustained by the free use of alcohol internally, the hot mustard bath and a mustard plaster to the spine. Calomel during this stage in decided doses is one of the best remedies, unless we apprehend looseness of the bowels, in which case small doses serve a better purpose. This stage in children, we believe, has no better treatment than inhalation of chloroform for convulsions, the administration of full doses of the sweet spirits of nitre and the bromide of potash, with calomel and soda-bicarbonate.

The stage of dominance is usually the decisive period. If the cause of the fever *per se* is not fatal in its tendency, the height and length of the fever, the previous health, the condition of the appetite and the treatment with reference to nursing and palliative measures will largely determine the issue. A temperature of 104 dg. F is anxious; of 105 deg. F, is dangerous and of 106 deg. F, alarming. If the symptoms warrant the diagnosis of a continued fever, we should be sparing of purgatives and internal antipyretics, as the coal tar preparations. Give sufficient quinine to combat the malaria, reduce the

temperature when to 103 deg. F, by cold baths or sponges. If necessary, enforce the necessity of eating plenty of light nutritious diet, and the free use of cold drinks.

Unfavorable cases are generally asthentic. To prevent this adynamic condition should be the chief aim of the physician. To do this is one thing; to talk of it quite another.

1. Feed the patient though he may very much dislike to eat.

2. Control the temperature. Keep it below 103 deg. F.

3. See that the patient sleeps.

4. Regulate the bowels if possible.

The stage of decline demands little outside of good nursing. Very weak patients require special attention in as much as collapse and death often follow, when if the vitality had been properly braced the issue would have terminated favorably.

In conclusion, we would say that specifics in fever are few, hence palliative measures promises the best success.

---

#### Internal Hemorrhoids.

Dr. Dundore (Mathews' Quarterly) presents the following conclusions: 1. Ligaturing is the safest method, as there is less likelihood of its being followed by hemorrhage, strictures, or ulcers. 2. The clamp causes less pain and a shorter convalescence, but hemorrhage and stricture of the rectum may very often follow its improper application. 3. Whitehead's method should be limited to those cases in which the entire circumference of the anus is involved. In ordinary cases of one or more hemorrhoids, it should never be used. 4. Simple dilatation of the sphincter, injection of carbolic acid, and Manley's method are simply palliative.

# Southwestern MEDICAL RECORD.

---

All communications for the editors, original contributions, exchanges, books for review, etc., should be addressed to **SOUTHWESTERN MEDICAL RECORD**, Houston, Texas.

All communications of a business nature, all money orders, drafts, checks, etc., should be addressed and made payable to **ROBT. T. MORRIS, M.D.**, Secretary, Houston, Texas.

The editors are not responsible for the statements or opinions of contributors.

**To Contributors and Correspondents.**—Original Articles, Clinical Reports, Correspondence upon subjects of General or Special Interest, News Items, etc., are solicited from members of the profession everywhere

---

Entered as second class mail matter at the Postoffice at Houston, Texas.

---

## EDITORIAL DEPARTMENT.

---

**Unjust  
Taxation.**

‘‘THE masses of the people are incapable of higher education, they have no use for it. What education they need is elementary, given in the primary schools. The higher schools are for the few and not for the masses. And yet the masses are taxed to support the higher schools.’’

If the above, recently uttered from a prominent New York



pulpit, is true of general education, how much more so is it true of special or professional education? The state has no more right to tax the people to give a young man or young woman a special or professional education whereby they are started in life with a remunerative occupation, than it has a right to invest a like amount for another young man or young woman in a farm, dairy or other commercial pursuit. What right has the people to educate a doctor or a lawyer and then pay him for his services? In these times when the people are feeling the burden of taxation, and so many doctors that all cannot make a living, under the 'law of the survival of the fittest,' as is instanced by the doctors clamoring for class legislation under the benevolent cloak of protecting the public (for who is crying for medical protection, the people or the doctors?) is it not time to call a halt in the taxation of the people to make more?

We have been unofficially informed that the Medical Department of the State University of Texas receives annually an approximate sum of ten thousand dollars from the state, and we notice that it recently launched thirty-three M. D.'s upon the public. Assuming the above to be approximately correct, then the state has invested in each one of these young men and women about three hundred dollars. Do the people of Texas want to continue this? Do the five thousand in the state wish to continue to be taxed to make more doctors? Is it not time that the state quit taxing the people to make more doctors, lawyers and pharmacists? If there be no justice in taxing the masses for higher education, surely there is none in this taxing of the masses for professional educations. B.

**A Critic  
Criticised.**

---

THE May number of the *Texas Medical Journal* contains, in an editorial on the State Medical Association the following sentence:

‘‘Inasmuch as all the officers for this year are prominent railroad surgeons, the *Journal* suggests that a section on Railroad Surgery should be added by all means; indeed, it is an oversight that such section was not organized at this meeting.’’

These supposedly facetious remarks are not worthy of passing notice were it not for the possible chance of their falling into the hands of some one unacquainted with the rules of the Association.

The selection of officers, save that of president, is left to a nominating committee composed of one delegate each from the several congressional districts in the state. Two names are submitted by this committee to the Association as candidates for president so that the Association is left the final choice as to which one it will have. The mere suspicion that a member is using any influence whatever to secure an office is sufficient to defeat his election and the consequence is: that a choice of an officer in this association is as near an expression of the will of the majority as is possible in any deliberative body. It is clearly evident, then, that while some of the officers are railroad surgeons their being such is incidental and, in no way causative.

The railroad surgeons have a state association of their own, and it is certainly just to credit them with that amount of common sense as would enable them to know, that such a sensitive lot as doctors generally are, would not allow them to control two associations even if they were so selfish as to desire it.

We are inclined to think that the animus of the remarks referred to above, was stimulated by an acute attack of dyspepsia, for the editorial, in another place, says that the fare at Paris was ‘‘rocky,’’ (a favorite expression with dyspeptics). We are the more inclined to give this explanation for the reason

that the association needs everyone's help and we are loath to class the *Texas Medical Journal* with a crowd that 'kicks a dog when it is down.' ' R.

**South Texas  
Medical Association.**

---

THE Association met in Galveston on May 14, '97. The attendance was very satisfactory. Wharton, Brazoria, Orange, Beaumont, Wallis, Beeville, Cuero, Texas City, Alvin, Kinney, Houston, and Galveston were well represented. The meeting was the second (first being in December, 1896,) and the enthusiasm and interest displayed by all in attendance was a happy omen for its future.

The genial and erudite Dr. Smith, of Wharton, called the meeting to order at 10 a. m., in Tremont Hotel. Dr. Starley, of Galveston, delivered an address of welcome in well chosen and appropriate phrases, to which Dr. Calhoun, of Beaumont, responded, after which the Association proceeded to the reading and discussion of papers.

The Association manifested its former determination to dispense with extraneous matter. Axe-grinding and politics were tabooed and the meeting was strictly scientific.

The first paper read was "Ligation of Common Carotid," by Dr. Robt. T. Morris, of Houston. This paper was a report of the writer's case, with a compilation of recent reports, with deductions.

Dr. Trueheart's paper was very instructive. He presented a case of grafting. The grafts were procured from a dog. His experience with the zoo-epidermic method was very satisfactory and those present profited very much by his remarks.

Dr. Sofie Herzog, from Brazoria, next favored the Association with her method of treating lipomata with injections of tinct. of iodine in body of tumor. She reported a

case of an enormous lipoma which had diminished rapidly in size by her method.

Dr. Herzog is the only lady member of the Association, but notwithstanding that fact, she is ever ready to break a lance in defense of her views and convictions.

Dr. Knox's paper, Treatment of Abortion, elicited general discussion.

Dr. Thompson read a very valuable paper, the subject of which was "Operative Treatment of Tumors of Face and Neck."

Dr. Cerna's paper on hypodermatic use of iron was thoroughly enjoyed. The doctor spoke very highly of this method, and if further investigation demonstrated its practicality, a rapid advancement in medication has been made.

Dr. Calhoun's was exceedingly practical, and the discussion of his paper elicited the fact that the future of the coal tar derivatives was in the past. Many cases of depression and collapse were reported; also fatal terminations from the use of the drugs. The general consensus of opinion was, that the coal tar derivatives were unreliable, misleading and dangerous, and their sphere of usefulness was exceedingly limited. Dr. Mullen's paper was well received. In the afternoon Dr. West read a paper on dysentery. The objection to the doctor's paper was that it had been read before. It is a poor compliment to an association for a writer to resurrect some of his old articles, rather than devote his time to something new. The practice, we believe, is dangerous. It furnishes a precedence which some might be inclined to follow. The majority of physicians attend with the hope of hearing and discussing new and original articles, and the above practice is exceedingly disappointing.

All the papers presented were above the usual standard, and the Association is to be congratulated.

Now, as to a few suggestions: We believe that more in-

formation can be obtained, and the discussion would be more general, if the writer would appoint two discussors a few weeks previous to the meeting. The advantages from so doing are evident, and we also believe that the president should enforce the limit rule on papers and discussions. The meeting is during one day only, and too much time should not be devoted to one paper, in justice to the others.

Dr. Norsworthy's paper denoted close and persistent observation, and was well received.

At the evening session those inclined to gynecology were treated to an excellent paper by Dr. Sampson.

In the evening, Prof. Morris kindly demonstrated the X-ray machine, much to the pleasure and profit of those present.

The Association adjourned to meet in Beaumont, December 28, '97. Dr. J. S. Price was elected chairman of committee on arrangements. Needless to say that the proverbial hospitality of Beaumont guarantees us a joyful time. M.

---

## COMMUNICATIONS.

Written for the RECORD.

### **Comanche Quackery.**

A few days ago with stencil and card-board we made us a sign and placed it in front of our office. It reads as follows:

"Dr. Chilton, specialist on all diseases of men, women and children." It was placed in our window only to burlesque some extravagant advertising done by a few physicians in our section of the country. One physician in general practice advertises himself as a specialist on diseases of the eye, ear, nose, throat, chest, liver, lungs and lights; beside being especially prepared to straighten crooked limbs, such as bow-legs, knock-knees and club feet.

This class of quacks cure everything from scald heads down through the anatomy of man to an ingrowing toe nail. To the mis-guarded class they are specialists on every-



thing; to the more intelligent class of citizens they are specialists on paper only. And we have another physician in general practice that advertises himself as a specialist on the diseases of women and children, not classifying the particular disease he proposes to treat. This seems to be a side issue on paper only, to make people believe that he is superior to other general practitioners, in the treatment of the few diseases peculiar to women and children. This class of advertisers are fairly recognized by the more modest practitioners in our section, and seem to secure a reasonable patronage from some very intelligent people, while their largest patronage is from a class of people who are inclined to think that all doctors are about the same, simply because they have a diploma from some medical college, and if there is a difference it is in favor of the man who blows himself the most. We were induced to subscribe for the *SOUTHWESTERN MEDICAL RECORD* from noticing on its frontispiece that it was established by physicians, for physicians; therefore, we feel that the *RECORD* is the place for our suggestions concerning quack advertising by the physicians in general practice and we will expect the editor to either reject this short article, or publish it, if found to be a fitted one. We are willing to acknowledge that it is somewhat a shock to the modest physician in decrying quackery, and the withholding of such suggestions is one reason that these irregulars become so bold. The point in view, does the *RECORD* indorse such conduct as above stated, and should we, as physicians of this section, recognize them, or withhold our endorsement? If we meet them it is an endorsement of their conduct; if we refuse, the cowardly defense of their position is persecution and jealousy. So what are we to do with them?

P. H. CHILTON, M. D.

*Comanche, Texas, May 18, 1897.*

As Dr. Chilton mentions in his communication, the *RECORD* is published by physicians for physicians, and seeks to uphold honor, honesty and justice to all. *THE RECORD* cannot take any interest in local fights, for the obvious reason that those who are in the field are the best able to judge of what is right in any particular case. *THE RECORD* has no fight to make against the honest, conscientious man, what-

ever school of medicine he may believe, if he endeavor to honestly practice it and treat his professional brother like a gentleman should treat a gentleman. But those who seek ingenious methods of advertising themselves to be what they are not, or represent themselves to be specialists in that particular disease, whatever it may be, that the present patient before them claims to have, are dishonest. THE RECORD believes in broad, open-faced *honesty*; it does not indorse the thousand and one underhanded methods in any vocation, much less medicine; for this reason the RECORD decided to admit to its advertising pages no "sure cures" or "in the dark" preparations, but only those with published formulas, so that honest, intelligent physicians can prescribe them. B.

---

## FROM OTHER JOURNALS.

### **Modern Surgery in Rectal Cancer.**

Dr. James P. Tuttle, of New York, reviews this question and reaches the following conclusions:

1. Cancer of the rectum can be cured in over 10 per cent of the cases.

2. The mortality from the radical operation, though still considerable, is not alarming, and is decreasing with every year's experience.

3. The radical operation prolongs life on the average over 100 per cent.

4. As a palliative measure, excision is far more successful and beneficent than any other measure.

5. The sequences, though numerous, are not at all intolerable and should weigh little in our consideration when it is a question of so serious a disorder as cancer of the rectum.

And thus we answer the question, "What has modern surgery done for cancer of the rectum?" It has cured it, conquered all its disgusting features and relieved its pain, doubled and more the lease of life, and at comparatively small risk has given to the hopeless hope, not timorous and vague, but well-founded, and which grows stronger and

more confident every day they live without recurrence.—  
*Daily Lancet.*

---

### Asexualization for Crime.

From State Representative Dr. W. R. Edgar has been received a copy of House Bill No. 672, which relates to asexualization of a certain class of criminals. We heartily endorse the bill, and hope it, or a similar one, will be passed at this session of our Legislature. Below will be found a copy of it:

#### A BILL

To provide restrictions relative to persons inmates of certain State institutions, that such inmate shall cease to be reproductive, providing rules and modes of procedure to restrict the propagation of kind.

Section 1. The people of the State of Michigan enact, That all persons inmates of the Michigan Home for the Feeble Minded and Epileptic and all persons who shall hereafter become inmates of the said Home for the Feeble Minded and Epileptic, that each and every person confined in said institution and before he or she is discharged shall be caused to submit to an operation that causes asexualization, that such person shall cease to be able to reproduce their kind.

Sec 2. All persons who shall have been convicted of a felony a third time and so stated by the court, the first or second conviction having been committed in this state or some other state of the United States, upon conviction and sentence to a Michigan State Prison, all of such persons so convicted and sentenced at a time prior to the expiration of such known third sentence shall be caused to submit to an operation that causes asexualization and stops their ability to reproduce their kind.

Sec. 3. The superintendent, warden or other person having charge of such Home for the Feeble Minded and Epileptic and such prisons as shall contain such persons as provided for in sections one and two of this act, the medical superintendent in charge of said institution shall perform or

assist in the performance of the same any physician or surgeon of this state. The superintendent, warden or other person in charge of said institution may pay to such operator a sum not more than twenty-five dollars for each and every operation so performed; and in no case where the operation is performed by the physician employed regularly by the within named institution shall there be paid any extra compensation.

Sec. 4. In each and every case before such operation shall be performed if the person be feeble minded or an epileptic confined within a prison in this State, the matter shall be presented in writing to the board of control of such institution wherein it shall be shown that such operation would benefit the subject physically and morally or that it is necessary as a restrictive measure to prevent propagation of kind in case the subject is discharged from the institution. The board of control shall, after being satisfied of the advisability of such operation, authorize the medical superintendent to perform the same, after first giving notice in writing to the parents or guardians of such persons at least ten days before such operation.

Sec. 5. That whoever shall have been convicted of the crime of having ravished a child or woman while upon the streets of any city, village, public highway or any other place within this state, it shall be the duty of the judge making such sentence to include in such sentence that within one year after being confined in such prison, an operation which causes asexualization shall be performed as provided in section three and four of this act.

Sec. 6. The penalty of non-compliance of this act shall be just cause for removal and forfeiture of the position of such superintendent, warden or other person named in this act.—*Health Journal*.

---

### Epilepsy.

A new treatment for epilepsy comes to us through the *Medicale*, which, in the hands of Bexhterepp, has either produced an entire cessation of the attacks, or diminished

their intensity or frequency. Thirty or forty grains of the adonis vernalis is placed in five ounces of boiling water and filtered. To this is added 150 to 170 grains of bromide of potash and from two to three grains of caffeine. A teaspoonful of this mixture is given four times a day in water or sweetened milk. Adonis is known to act upon the heart as a stimulant or cardiac tonic, something after the manner of digitalis or strophanthus, as the drug increases arterial tension, and the potash acts upon the vaso-motor nerves. In combination it is possible they may produce a more positive action in controlling the circulation. Any suggestion looking to the relief of this *bete noir* of our profession will be gladly investigated.—*N. Y. Med. Times.*

---

#### Morphine Chloride in Poisoning by Potassium Cyanide.

Dr. L. Helm, in his experiments upon mice, found that subcutaneous injections of morphine chloride after fatal doses of potassium cyanide saved six out of ten experimented upon. The explanation is probably that in the presence of the iron in the alkaline blood, these two substances are, by chemical interchange, transformed into oxydi-morphine and Berlin-blue, both of which are relatively non-poisoning.—*Munchener medicinsche Wochenschrift.*

---

#### How to Rest.

To understand how to rest is of more importance than to know how to work. The latter can be learned easily; the former it takes years to learn, and some people never learn the art of resting. It is simply a change of scenes and activities. Loafing may not be resting. Sleeping is not always resting. Sitting down for days with nothing to do is not restful. A change is needed to bring into play a different set of faculties, and to turn the life into a new channel. The man who works hard, finds his best rest in playing hard. The man who is burdened with care, finds relief in something that is active, yet free from responsibility. Above all, keep good-natured, and don't abuse your best friend, the stomach.—*Popular Science News.*

---

#### ABSTRACTS.

H. Rothstein, M. D., (*St. Louis Medical and Surgery Journal*) in a well written article, presents the advantages of



an intra-uterine drainage tube, that he has invented, and claims for it results that are indeed remarkable. The range of its application is limited to stenosis, retro and anti-flection and in these he claims one hundred per cent of recoveries.

His method is as follows: In a surgically clean field, an invasion is made through the orauteri and through this a glass tube, either curved or straight, as the case may be, is introduced and fixed to the interior lip of the cervix by a silver wire. The tube is allowed to remain from four to ten days, when it is removed and the parts cleaned preparatory to replacement, at intervals, for from six weeks to as many months or until cured. The tube very much resembles a tracheotomy tube, with numerous fenestrae on the sides and one at each end. At the proximal end there is a broad flange with a lateral opening for the silver wire that fixes it to the cervix. In cases where extra strain is likely to be placed upon it the shaft is made solid, with lateral grooves, and thus it is claimed, the danger of breakage is reduced to a minimum. If subsequent use verifies Dr. Rothstein's statements he will secure a niche in fame.

---

### NEWS AND MISCELLANY.

Dr. J. L. Terry, of Atlanta, Ga., has located in Houston to practice his profession.

Dr. J. A. Mullen, of Houston has moved his offices to rooms 205 and 206 Moore-Burnett building.

Dr. J. R. Stuart, of Houston, attended the National Association of Railroad Surgeons, at Chicago last month.

Denver, Colo., is making an effort to secure the 1898 annual convention of the American Medical Association.

Dr. T. F. Smith, of Mexia, has located in Houston. The Doctor recently took a Post Graduate course in New York.

Dr. J. W. Scott, one of the editors of THE RECORD, has been in New York city since the 1st of May, patronizing the Post Graduate schools.

Dr. William J. Deboe has just been elected United States Senator from Kentucky. His chief competitor was also a physician, Congressman Dr. W. Godfrey Hunter.

Dr. A. J. Zielinski, who this year graduated from the Wisconsin College of Physicians and Surgeons, at Milwaukee, has opened his office in the Binz building.

A case against a medical man for conspiracy, because he refused to attend the sick child of a man who was listed for not paying his bills, has been started in Pittsburg, Pa.

The New England *Medical Monthly* and the *Prescription* have been merged into one journal under the editorship of Dr. William C. Wile, with the assistance of Drs. John J. Berry and C. F. Craig.

It is reported that the Texas State Medical Association is dying. The diagnosis is political jealousies complicated with a few strong personalities that know how a state medical association should be run.

Dr. E. A. Harris, formerly of Houston, now of Navasota, and Miss Emma Hulluck, of the latter place, were married last month. THE RECORD extends congratulations and wishes you and yours *bon voyage*, Doctor.

Dr. S. C. Red, as one of the trustees of Stuart Seminary of Austin, attended the commencement exercises in that city on May 25th and delivered the diplomas to the graduates and also the principal address of the occasion.

Koch has come forward with a new tuberculin, but, it is safe to say, that the press of the country will receive it with a little more composure than before. The very modest claims he has set forth will, no doubt, be generally accepted by the profession.

A freak bill is before the Colorado Senate, that guarantees to every citizen the right to select as medical attendant any person he chooses, and permits him to pay the man of his choice. The Osteopaths and Christian Scientists have fathered it.—*Atlantic Medical Weekly*.

Dr. W. A. Durringer, of the Medical Department of Fort Worth University, was married April 14, to Miss Bernice

Juanita Hovey, daughter of S. B. Hovey, superintendent of the Rock Island railroad in Fort Worth. The wedding was a brilliant affair.—*Southwestern Med. & Surg. Reporter*.

Dr. J. R. Stuart, surgeon in charge of the Houston Infirmary Sanitarium, is authority for the statement that two cases of actinomycosis, occurring in his practice, were well after five days' application of Sour Lake tar. One of his cases, under ordinary treatment, had persisted for a period of two months.

Medical colleges are uniting, thus lessening the number. Bellevue and the University college have united in New York and two Homeopathic colleges of Cleveland are made into one. If the states will now quit supporting a few more at public expense, the medical college system in the United States will be greatly benefited.

The first number of a new journal, *Medical Register*, to be issued monthly, under the auspices of the Faculty and Society of the Alumni of the Medical college of Virginia, has reached our table. Whether it fills a "long felt want" or not, it shows signs of life, and we wish it success, and welcome it to the field of journalism.

The *American Journal of Dermatology and Genito-Urinary Diseases*, with S. C. Martin, M. D., at the helm, was launched on the sea of journalism at St. Louis in April. St. Louis is a city of medical colleges and medical journals and they all seem to flourish. We wish the journal success. There can be too many medical colleges but not too many medical journals.

The editor of the *Journal of the American Medical Association* devoted nearly half a page recently to the expression of his dislike for Dr. Walter Wyman, surgeon-general of the United States Marine Hospital Service. The latter, however, continues to do his duty in the same efficient manner that has always characterized his official career. and has found time to make several valuable contributions to medical literature.—*Ohio Medical Journal*.

About one year ago Roentgen made known to the world his discovery of the X-Ray. Development has followed rap-

idly. The most skeptical of one year ago, to-day admit of its varied uses in medicine. The profession are eagerly seeking to learn, not only of the uses of the X-Ray to surgery but of the therapeutic uses as well, and to meet this demand comes the *American X-Ray Journal* of St. Louis. This journal will fill a real want, if not a "long felt one." Turn on the X-Ray, Brother Roberts, and the profession will look to you for light.

Dr. Snyder, an African missionary of the Presbyterian church in the United States, considers the inhabitants of that country as being practically immune to malarial poison. For their sole treatment, and that effective, is to take a prolonged sun-bath. His estimate, of a sun-bath there, is an equivalent of a Turkish-bath here, only more so. Parturition is accomplished, among these people, in the sitting position, with the "granny" stooping in front. There is no privacy whatever, the act being performed in open court with all the village as indifferent spectators.

THE COCAINE HABIT IN CHICAGO.—It is reported (says the New York *Medical News*) that the victims of the cocaine habit have become so numerous in Chicago that an ordinance has been introduced prohibiting the sale of remedies for catarrh and other diseases which contain cocaine. In the last two months over forty victims of the drug have appeared in the police courts and elsewhere. Several of them have been well known men and women, who say they were brought to their present condition by using "catarrh cures."

As a result of an examination of several liquid extracts of malt on the market, Edgar L. Patch, of Boston, says that not one of these had a particle of diastasic power. They contained from 3 to 10 per cent of alcohol, but it is not reasonable to believe that they are of any more value than pure beer, or some preparation of extract of malt and alcohol.

—*Charlotte Medical Journal*.

The medical event of the month has been in the union, with the consent and by the authority of the Board of Regents, of the University Medical College with Bellevue Hospital Medical College. We are informed that more than twenty years ago a similar amalgamation was made the subject of conference between the two faculties, but the result was neg-

ative. It was generally supposed that the difficulty in the way was in providing adequately for the two large bodies of teachers. There is no reason to doubt that this union will be greatly to the advantage of medical education, and to New York as a medical center. The joint forces will be able to do very much better work than either college was able to do before. There are so many eminent and qualified men in the two faculties, that the College of Physicians and Surgeons will have to look to its laurels, if it proposes to continue to out-distance its rivals in the race for securing the best training for medical students.

—*Post-Graduate*.

The Scranton (Pa.) Board of Health has offered a decidedly novel proposition to the medical men of their district. They ask the privilege of having one competent man take charge of the administration of antitoxin in all cases of diphtheria reported to them. The physician in charge is to get his usual fee or fees, but the health officer is to do the treating of the case. The board has asked the council to appropriate an extra \$500 as a starter for this new departure. If they get it we will watch the experiment with great interest.

An ardent sanitarian is a member of the Texas Legislature this year, and he has prepared a bill which he thinks will greatly benefit his fellow-citizens. The bill, if passed, will revolutionize the marriage license system of this state. The intending groom must previously undergo a thorough physical examination at the hands of a competent medical practitioner in good standing, and be possessed of said physician's sworn certificate of physical soundness. The prospective bride must also have undergone a similar ordeal and a like certificate in her behalf must be submitted. Not only this, but both parties "to the contract" must file sworn statements attesting the fact that neither of them are subject in a hereditary way to any disease that might in like manner transmit tendencies thereto in their probable offspring. The county clerk must then satisfy himself that these "credentials" are perfect before granting the license to marry. Should he give it without having these evidences of "fitness" presented to him, he would be held criminally liable.

—*Atlantic Medical Weekly*.



## POETRY.

## Dietetics.

We used to have old-fashioned things, like hominy and greens,  
 We used to have just common soup, made out of pork and beans;  
 But now it's *bouillon*, *consomme*, and things made from a book,  
 And *Pot au Feu* and *Julienne*, since my daughter's learned  
 to cook.

We used to have a piece of beef—just ordinary meat,  
 And pickled pig's-feet, spare ribs, too, and other things to  
 eat;  
 While now it's *jillet* with *rayout*, and leg of mutton *braised*,  
 And macaroni *au gratin*, and sheep's head *Hollandised*;  
*Escollaps a la Versailles*—*a la* this and *a la* that,  
 And sweetbread *a la Dieppoise*, it's enough to kill a cat!  
 But while I suffer deeply, I invariably look  
 As if I were delighted, 'cause my daughter's learned to cook.

We have a lot of salad things, with dressing *mayonnaise*;  
 In place of oysters, Blue Points, fricasee a dozen ways,  
 And orange Roley Poley, float, and peach *meringue*, alas—  
 Enough to wreck a stomach that is made of plated brass!  
 The good old things have passed away, in silent, sad retreat;  
 We've lot's of highlutin' things, but nothing much to eat.  
 And while I never say a word, and always pleasant look,  
 I have had sore dispepsig since my daughter's learned to  
 cook. —*Selected.*

## BOOK REVIEW.

"Who shall dispute what the reviewers say?  
 Their word's sufficient, and to ask a reason  
 In such a state as theirs is downright treason."

—CHURCHILL.

"SYRINGOMYELIA," by Guy Hinsdale, A. M., M. D., the Alvarenga prize essay, of the College of Physicians, of Philadelphia, for the year 1895, can be obtained of P. Blakiston, Son & Co., of Philadelphia, at one dollar a volume.

This book, of seventy pages, contains all that is definitely known upon a comparatively new and highly interesting subject. It is so new, in fact, that I feel satisfied a large majority of the readers of this notice are already asking "what is it?" To answer that question, allow me to state that it is a compound Greek word, meaning, cavity in the marrow, and in this case the marrow is the spinal chord. Dr. Hinsdale has produced a work of such high merit, both as regards subject matter and style, that any doctor, particularly a railroad surgeon, failing to read it has missed a great treat, and neglected a duty owed to himself and patrons. Criticism of this work descends to verbiage, and there only, do I find that he has coined for us the word "decentring."

R.

---

 REPRINTS, PAMPHLETS, ETC., RECEIVED.

- "DISEASES OF THE RECTUM AS A CAUSE OF AUTO-INFECTION," with Report of a case, by J. R. Pennington, M. D., Professor of Diseases of the Rectum, and Principles of Gynecology in the Jenner Medical College; member of the American Medical Association, etc., Chicago.
- "REVIEWS OF SOME POINTS OF SURGICAL INTEREST IN ABDOMINAL CASES, by Edmund J. A. Rogers, M. D., Professor of Surgery University of Denver, Surgeon to St. Luke's Hospital, to Arapahoe County Hospital, etc.
- "THE RATIONAL TREATMENT OF PULMONARY PHTHISIS," by J. Hobart Egbert, A. M., M. D., Ph. D.
- "CEREBRAL SYPHILIS." Some Observations on its Diagnosis and Treatment, by Daniel R. Bromer, M. D., Professor Mental Diseases, Materia Medica and Therapeutics Rush Medical College, and Professor Mental and Nervous Dis-

eases Woman's Medical School, Northwestern University, Chicago, Ill.

“RESULTS OF (Chemical) ELECTROLYSIS, VERSUS DIVULSION OR CUTTING IN THE TREATMENT OF URETHRAL STRICTURES,” by Robert Newman, M. D., New York.

“THE TECHNIQUE OF STUDY AND EXPERIMENTS IN THE PHYSIOLOGICAL CHEMISTRY OF LEUCOCYTES,” by A. Mansfield Holmes, A. M., M. D., Lecturer on Haematology in the University of Colorado; Haematologist to St. Joseph's Hospital, member of Denver and Arapahoe and Colorado State Medical Societies, etc.

“THE ORGANIC ACID TREATMENT OF GOUT AND RHEUMATISM,” McKesson & Robins.

“THERAPEUTIC PROGRESS.” Victor Koechl & Co.

---

### PUBLISHERS' NOTES.

TO PHYSICIANS—When over in the first ward you can have your powders dispensed in elegant cachets or wafers by writing, Ft. Cachets, on your prescriptions and sending them to Richards drug store, 1718 Houston avenue.

Also, in this issue will be seen the Oak Lawn ad. This institution is under the medical supervision of Dr. Frank Parsons Norbury, who has had a long experience in such cases.

The remarkable collection of Mineral Waters, known as Sour Lake, is situated in Hardin County, Texas, about eight miles from Sour Lake Station, on the Texas and New Orleans Railway. The Lake is located in a lovely spot, and is surrounded by a grove of stately old oaks, maple, sweet gum, etc., which afford a delightful shade, and a cool breeze blows continually from the south. The waters of the Lake have a strong acid taste, and close around it are thirteen separate and distinct springs, each one furnishing a different mineral water. The Lake is studded with bubbling gas jets, which impregnate its waters, and a mineral healing tar oozes up out of the ground and floats upon the surface of some of the Springs. This is collected, and is used in the treatment of all kinds of Skin Diseases, Ulcers and Scrofulous Sores.

Both the gas and the tar burn with great brilliancy when ignited. See ad. In this issue.

It is with pleasure we notice in these pages the manufacture of an article of prepared food which has proved itself a boon and blessing the world over to infants, children and nursing mothers, to invalids and convalescents, and to aged persons. We allude to that monarch among dietetic preparations, "IMPERIAL GRANUM," as prepared by the IMPERIAL GRANUM COMPANY at their laboratory in New Haven, Conn. "It is not a stimulant nor a chemical preparation; but a pure, unsweetened food, carefully prepared from the finest growth of wheat, on which physicians can depend in fevers, and in all gastric and enteric diseases. It is easily digested, nourishing and strengthening, assists nature, never interferes with the action of the medicines prescribed, and is often the only food the stomach can retain." While good for children in all the varying periods of their existence, it is also invaluable in the sick room. The invalid and the convalescent, therefore, owe a debt to the late Mr. Edward Heaton, through whom, some thirty-seven years ago, the "IMPERIAL GRANUM" was introduced. Mr. Heaton for the succeeding twenty-eight years engaged individually in placing it on the market, with a success on a par with the merits this preparation possesses. In 1888 State corporate charter was secured under the existent trading title. In December of 1894 Mr. Heaton died, at the ripe old age of eighty-three years, mourned by a host of friends as a business man, philanthropist and upright, honorable citizen. The IMPERIAL GRANUM COMPANY, as now constituted, has a cash capital of \$100,000, the personnel of the present executive management being as follows: John J. Carle, president and assistant treasurer, of the firm of John Carle & Sons, wholesale druggists, New York, which establishment is also this company's general shipping depot: John E. Heaton, secretary and treasurer, a native of New Haven, and a son of the worthy founder of the house; and Alex. Fulton, Jr., general manager of the manufacturing department. Business operations were primarily commenced in the Parker building on State Street, New Haven; next in the Bishop Building, also on State Street, and thence to the Atwater Building, on Grand Avenue, removal being made to the present commodious quarters, which were specially erected for the purpose, in 1877.

The fact is absolutely unquestioned that IMPERIAL GRANUM is most favorably regarded by the medical profession, and we repeat the words of commendation, given it by one of our New York contemporaries:

"IMPERIAL GRANUM has stood the test of many years, and has not been displaced by any food yet introduced, while many competing kinds of prepared foods have come and gone and have been missed by few or none. But this will have satisfactory results in nutrition far into the future, because it is based on merit and proven success in the past."—THE PHARMACEUTICAL ERA.

# *Southwestern Medical Record.*

*A Progressive Monthly Journal of Practical Medicine and Surgery.*

---

VOL. II.

JULY, 1897.

No. 7.

---

## **Causes and Treatment of the Accidents of Anaesthesia.**

E. B. JACKSON, M. D., HOUSTON, TEXAS.

The adynamic form of accident by which death suddenly occurs without any warning whatsoever is happily rare, and is witnessed usually in those subjects who are in an extremely weakened state. It may occur prior to or during complete general anaesthesia, while the patient is quietly and easily tolerating the vapor. The accident of suffocation may occur from want of proper dilution of the anaesthetic with atmospheric air; death under such circumstances is attributable to either inexcusable negligence or profound ignorance.

Asphyxia may occur as the result of irritation produced by the vapor. Chloroform is very irritating to the laryngeal, pharyngeal and oral branches of the 5th, 9th and 10th cranial nerves and, in certain rare cases, the reflex energies are intensely excited when the vapor reaches their terminals, to the extent of setting up convulsive cough, suffocation, turgid veins of the head and neck, livid, perspiring skin, and a succession of struggles. In such cases the vaporizing ap-



paratus should be promptly removed, lest a fatal termination ensue. In a much larger proportion of cases, however, the appearance of danger is otherwise manifested. The exciting stage continues a very long and tiresome time, consciousness it seems will never be lost, fearful excitement over and over again, rigid muscles, cadaveric face, cessation of respiration and pulse, and a final gasp heralds the abrupt presence of death.

Excepting those few cases which are strangled by the vaporizing apparatus or by the relodging in the larynx of some particle of vomitus which may be ejected from the stomach, the cause of death originates in the toxic action of the drug upon the nerve centers controlling the functions of respiration and circulation. In those cases dying in the early stage of etherization there may be a slight degree of asphyxia accompanying the toxic action of the drug; there may be laryngeal and respiratory spasms; there may be an apparent shutting off of oxygen in the blood or from the blood, but death is, nevertheless, the result of toxaemia, as post-mortem investigations have shown that the blood, even under such circumstances, is not of that black and viscous appearance which characterizes it after death from suffocation. Neither is it found collected in the right side of the heart, and in the large veins, but it is generally distributed in the circulatory system showing a color slightly darker than normal oxygenated blood, but bright enough, however, that the arterial and venous distinction may without difficulty be made. The manner of death is related closely to syncope, in so far as there is a sudden suspension of the vital forces. Syncope may immediately precede death during anaesthesia. We might term an accident of this character, syncope plus asthenal intoxication.

Anaesthesia is obtained by a process of partial paralysis throughout the nervous centers, temporarily weakening, however, in small degree, the vital phenomena. Its dangers are proportionately increased to the extent of the depredations, which have been wrought upon the physical economy by diseases which weaken heart energy. Mental anxiety, starvation, exposure to cold, loss of sleep are among the causes which operate against a strong heart and robust health.

The danger of anaesthesia when the stomach is full chiefly lies in the fact that a vomited morsel of food may relodge in the larynx and produce suffocation.

This fact should not cause the operator to fast his patient too long, since a tendency to exhaustion might be engendered. Four to six hours, according to the character of food ingested, is sufficient time to insure a virtually empty stomach.

On account of the danger of syncope, the recumbent posture is to be chosen in all cases where it is at all practical. The vapor should never be hastily applied; it is imperative to remember the first stage, as one of excitement. Pushing the vapor suddenly, tends to shock the nervous centers and create syncope before any specific, toxic action of the drug has had time to appear.

Convulsions may be thus superinduced to the extent of fatally affecting the respiration.

Moderation is the great safeguard in the administration of chloroform. If the operation of incision or mutilation of sensitive nerves is begun prior to complete unconsciousness there is danger of violent nervous reaction, which may greatly disturb or even arrest the heart's action. Complete anaesthesia is therefore the remedy to prevent this form of accident. This is not saying that an operation may not be commenced in many instances prior to complete unconsciousness and end favorably. But the contrary has obtained in a sufficiently large number of cases to recommend complete anaesthesia as the safer time to begin operative measures. Diseases affecting the nervous system, particularly in the region of the medulla oblongata increase the danger of accident from anaesthesia. Epileptic patients are prone to have seizures during the exciting stage but, as a rule they rapidly subside, and the anaesthetic may be continued cautiously. In hysterico-epileptic patients, the most violent conditions need not deter or alarm the anaesthetiser. Patients bordering on delirium tremens should not be anaesthetized, since fatal results have many times occurred in such subjects where the anaesthetic was employed with the view of promoting sleep. The heart and brain under such circumstances have lost too much of their energy. Anaesthesia should be deferred during profound shock from any cause. The centers of respiration in

the medulla oblongata are, during shock, too much damaged to withstand any additional toxæmia.

The surgical rule to await re-action is too often violated, at least in times of peace. There are some diseases of the chest which require to be mentioned as probably increasing the accident; *e. g.*, pericardial effusion or adhesion, pleural effusion or adhesion, neoplasms malignant or benign: deposits tubercular or caseous; stenosis of trachea: organic heart disease; fatty degeneration. The emotion of fear which some patients feel prior to submitting to anaesthesia affects the heart in an unsafe manner, and should always be calmed by words of assurance until the circulation is quite tranquil. It is the part of wisdom, in emotional subjects, to previously discuss the circumstances of anaesthesia in a favorable way in order to help them by suggestion to husband their courage.

Anaesthesia is no longer an experiment, experience with it is replete: its dangers are known with a degree of precision which renders the administrator responsible for the life of his patient, in so far as avoidable accidents are concerned, with reference to the fatal issue.

Treatment.—Every surgeon should go so well prepared for accidents that he can act with intelligence, dispatch and long continued energy.

Suppose a cold perspiration comes out on the patient's brow, his hands become moist and cold: his breathing ceases and the pulse fags. The first thing to be done is inversion, so that the intra-cranial vessels may fill by gravitation, the tongue should immediately be withdrawn by means of forceps, which should be at hand, and the face and chest douchéd with cold water. The foot of the table or bed should be elevated to an inclined plane of forty degrees, and made stationary, so that other work may be looked after instantly by the operator and his assistants. After the patient has been inverted for 20 seconds, if the pulse does not appear at the wrist, the air should be pressed out of the chest and the patient's arms carried upward and outward, that the ribs may be elevated and the chest expanded—this to be practiced about 20 times to the minute. Along with this measure the assistant should be administering suitable restoratives hyp-

dermically, after which the expedient of faradization of the phrenic nerve may be advantageously used. In its application one electrode should be placed over the right side of the neck and the other over the sixth intercostal space of the right side of the body, but never over the left side of the body, nor over the region of the heart, in so much as it has been positively shown by experimentation on animals that the current passed through the heart during anaesthesia with a failing pulse and respiration, must produce fatal arrest of that organ. The current should be moderate, certainly not of sufficient strength to produce tetanic contraction of the diaphragm.

It is important to remember that it is to be applied just at the time when the arms, in the process of artificial respiration, are above the head, since it is at this moment, when the ribs are elevated, that it is desirable to depress and contract the diaphragm, thereby causing the greatest possible capaciousness of the thorax.

The electrodes should be successively withdrawn when the arms are brought down to the chest.

The current serves another purpose, in that its passing over the mucus surfaces arouses the reflex activities of the numerous branches of the par vagum, unless perchance, there be already a final stasis of the nervous ganglia from coagulation of its protoplasm.

When the foregoing methods are failures, insufflation may be practiced by passing a large flexible catheter, such as nearly every doctor carries in his grip, through the larynx into the trachea, thereupon the lungs are easily inflated, taking care of course, to use force not much in excess of a normal forced inspiration. If it is not practical to insert the tube through the larynx from any existing cause, the trachea should be instantly opened by a few dexterous strokes of the scalpel and the gum tube inserted, in 30 seconds if possible, since there is obviously no time for aseptic preparations. Life itself depends upon promptness, there is no excuse for embarrassment, there is no excuse for hesitation, there is no excuse for ignorance, the surgeon is compelled to act instantly and skillfully, since in this correct age he cannot afford to brook the consequences of fastness unless he can give

an intelligent reason. It therefore seems more rational to prevent accidents, as herein lies the only real course of safety. In those cases which show pallor of the face and weakness of the heart, even though they bear the anaesthetic with no other apparent danger, it is well enough to fortify them against accidents by permanently elevating the foot of the operating table and let it remain so throughout the operative procedure and it will be almost certainly seen that the color of the face is restored, the breathing and pulse much improved.

We think it will be readily admitted as safer to do all minor operations when practical by the use of cocaine. There has been many accidents reported in connection with this anaesthetic, but as an actual fact, only a few deaths therefrom, and the greater number of the accidents, and all of the deaths, were met with when the drug was not so well understood as now. The danger of this drug is practically *nil*, if properly managed, and it can be used with advantage in various disorders that have heretofore been considered unmanageable except by the use of general anaesthesia. There is abscess, boil, carbuncle, sinus, bubo, fistula, amputation of finger and toes, radical cure of hydrocele, urethral caruncle, urethral stricture, fissure ani, rectal polypus, neuroma, needles, or other foreign bodies, and under the skin in phimosis, paraphimosis, circumcision, various manoeuvres in plastic surgery, tapping, felon, warts, small fatty tumors and small epithelioma, removing toe nail—all of these and probably more which have not come under my observation and experience, can be satisfactorily dealt with in the most timid patient, if the drug is correctly used. It is best to use a two per cent. solution and have it made fresh; or it can be safely used as the author has many times done, in the form of hypodermic tablets, 1-4 or 1-2 gr. each. These tablets furnish an easy means of making a weak solution, which is by far the most satisfactory, in so far as the greater bulk of water used, when put into the skin, carries the drug to the nerve endings of a larger area, and the solution of two per cent. is quite sufficient to destroy the sensibility of whatever zone it has reached. It is best in all instances to put the point of the hypodermic needle only half way through the thickness of the skin, as in



this way the solution will reach the nerve terminals, whereas if it were passed down deep below the skin, the solution might not be so effective, unless it happen to strike a nerve trunk, which it might not do. If a long incision is to be made, five minims of a two per cent. solution should be injected every half inch along the route, and thus a great length may be incised by anaesthetizing one inch of surface at a time, then incising it, and so on. With these small injections given at intervals, a much larger amount of cocaine, in the main, can be used, in so much as it is continually oozing out with the blood when the incisions are made, and the brain receiving its impressions gradually, establishes a tolerance, and there is not the shock, excitement and intoxication of a sudden, large dose. In all operations on the fingers, toes, penis, or other regions in which the point of operation can be isolated from the circulation by pressure, it is well when the operation is over to let the blood, from the part, back into the circulation gradually, so that the amount of cocaine left in the tissue will be carried into the circulation by interrupted doses. A good way is to unloose the pressure for five seconds at a time, then put it back for the same length of time so that in this way an enormous dose of cocaine may be let into the blood without any appreciable danger. In those unfortunate subjects who are addicted to the constant use of cocaine, and who have established an almost unlimited tolerance of the drug, it is possible to perform still other and greater operations for them than herein before mentioned. Just this month the author repaired the perineum, by Tait's flap-splitting method, in the easiest manner by the aid of cocaine for one of these habitues. The operation was not a success, probably because of the surroundings, which were not aseptic, but the operation was easily accomplished in every point of its technique. In this instance a one per cent. solution was used and when the operation was completed there was little more than one teaspoonful left in the two ounce vial which was carried full, so that in the course of three quarters of an hour I administered nearly nine grains of the salt hypodermically.

Tieman's finest needles only should be used, since their prick is scarcely perceptible, and this is an important item,

as the greater number of cases will be found hyperaesthetic and will not yield a second time to the ruthless job of a dull needle.

---

### **Chronic Cystitis: Its Pathology and Treatment.\***

J. M. BLAIR, M. D., HOUSTON, TEXAS.

Cystitis is either acute or chronic, though no hard and fast line can be drawn between them. It is our intention to treat only of the chronic form, after differentiating in a practical way the chronic as distinguished from the acute form. The differentiation is made by the intensity of the inflammation, acute and chronic, and from cause, as for example, calculous cystitis as distinguished from tubercular cystitis, etc.

Acute cystitis is almost always due to traumatism, of instruments, calculi or foreign bodies, or chemical injury from putrid urine or urine containing cantharides, turpentine or excess of uric acid. It is also caused by external infection from neighboring parts, as the urethra or peritoneum. Cold, that was given in the older text books as one of the most prominent causes, is now believed to be a very exceptional cause, even in gouty subjects.

Chronic cystitis is the result of the acute form, or follows from the same agencies when they are less severe and more persistent. Everything that interferes with the functions of the bladder; that prevents it emptying itself thoroughly, or that sets up a condition of tension, irritates it and brings on an attack of inflammation, which when the exciting cause is continuous, persists.

New growths in the bladder (though many of these, tubercle, for example, are accompanied by inflammation under all circumstances), stricture, enlarged prostate, atony, paralysis from disease or injury of the spine—all tend to excite the chronic form.

Acute cystitis consists of increased multiplication, mucoid transformation, and shedding of the epithelial cells,

---

\*Read at Houston District Medical Association, Oct., 1896.

and exudation of liquor sanguinis and migration of leucocytes. The products vary in appearance and consistence according to the degree of inflammation. At first they are comparatively thin, the serum of the blood mingling with and diluting the mucus derived from dissolution of the distended epithelial cells. A number of corpuscles are held in suspension, but not as yet in sufficient number to cause more than a cloudiness of the fluid. As the inflammation heightens, the discharge becomes muco-purulent and then purulent; but in every stage it contains a considerable quantity of mucin. When the inflammatory congestion is very intense, capillary hemorrhages occur both in the interstices of the membrane and on its surface; the exudation is then more or less sanguinous. The fluid passed by the urethra varies as to the amount of urinary admixture and the degree of decomposition, when remaining in the bladder but a short time it is usually acid.

Chronic and subacute cystitis are exceedingly common as the result of hypertrophied prostate, and stricture of the urethra. In both these diseases there is difficulty in completely emptying the bladder. Very often it amounts to an impossibility. So that after each effort at micturition there is a residuum of urine. This is very liable to decompose, increase and perpetuate the cystitis.

When the urine is allowed to stand, it will be found that thick, ropy mucus clings so tenaciously to the bottom of the vessel that inversion of the vessel does not disengage it. It is frequently alkaline when passed; if not, it very quickly becomes so. It has a very offensive, ammoniacal smell. Besides mucus, it contains pus and dirty grumous matter, consisting of epithelial cells, blood corpuscles, etc. It deposits triple phosphates. The mucus membrane is deeply congested, much swollen and sometimes pigmented to a marked degree.

In cases of long standing the ureters and kidneys are generally diseased, the result of travelling infection. Cystitis varies from acute purulent infiltration and discharge to chronic catarrh. The terms "acute," "subacute" and "chronic" do not denote fixed pathological landmarks. They are used to indicate groups of symptoms and morbid

appearances of comparative, but intermediate intensity. It is not my purpose to treat of ulcerative and tubercular conditions in this paper.

Treatment.—The constitutional treatment of chronic cystitis is, in the main, the same as that of acute. Rest and warmth are essential; the diet should be light and without stimulants; milk, barley water, and corn meal gruel, being preferable to animal broths or a meat diet. The bowels should be kept freely open, and irritation should be relieved by morphia and belladonna suppositories. Alkalies, even when the urine in the bladder is alkaline, almost invariably allay irritation, possibly because they are too acid on their arrival at the bladder from the kidneys. Benzoate of sodium I have found a useful drug. Saw Palmetto and pareira brava, so much used now, I have found no better than buchu. But for irritation and inflammation due to ammoniacal urine, from whatever cause, the drug par excellence in my hands, has been saccharine; it gives speedy and gratifying results in many cases.

General treatment is of no avail so long as local causes persist. If they can be removed, the urine, even when it is ammoniacal, often recovers of itself. When they cannot be removed the decomposition of the urine must be checked by other means. The bladder must be washed out carefully night and morning, and when the removal of the cause has been accomplished the washing of the bladder very materially aids speedy recovery.

For irrigating or washing out of the bladder I use a soft rubber catheter and a small glass funnel. If there be enough urethral or prostatic irritation to cause pain on introduction of catheter, cocaine is used prior to the introduction of the instrument.

In irrigation not more than 2 to 4 ounces should be injected at one time; distention should be avoided: it is productive of injury in all inflammatory conditions of the bladder. The fluid should be allowed to flow in and out by its own weight and should be as near as possible the temperature of the body. Before injecting any medicated solution it is well to wash out the deposit of mucus.

During the past ten years I have chiefly relied upon

dine and carbolic acid as the drugs to be used with water in irrigating or washing out the bladder. In the use of either of these drugs I commence with .3 grains of the acid or same amount of the Tr. of Iodine to the ounce of water and increase one tenth of a grain with each washing until the patient complains of a soreness caused by the drug, the patient will describe this soreness as altogether different from the pain of cystitis before complained of. Now you should diminish one tenth of a grain at each washing. I rely more on the gradually increased strength of the drug, up to the limit of toleration in each particular case, than I do on the particular drug used, although I prefer carbolic acid to iodine, to boracic acid, quinine, mercury or iodiform used by many for irrigating the bladder. In six cases that I have treated during the past year, I have used the formula known as Borolyptol and have been better pleased with it than any drugs formally used in irrigation of the bladder. I have placed many cases of chronic cystitis on the road to recovery, by a careful washing of the bladder, and completed the treatment by dieting and drugs to be followed, often for a year.

---

### Radical Cure for Hernia.

#### SEVENTH PAPER.

To compete for the Yale Surgical and Gynecological Chair offered by the SOUTHWESTERN MEDICAL RECORD, for best paper on some medical subject. See last cover page.

When we remember that one in every four persons suffers from some variety of hernia, and again remembering not only the dangers, but the continual inconveniences which are inevitably associated with it; a careful consideration of this, the only cure in a majority of cases, becomes important.

I admit that a recent hernia in a comparative young person can, by the so-called paliative means, be greatly benefitted and occasionally permanently relieved; but even then, the long, tedious course of treatment, which to be effective must be continued for years, and the constant liability to strangulation, will greatly outweigh the dangers, which are slight, of an operation for the radical cure.



It is very gratifying to see cases operated upon and in two weeks no evidence of the former affection except a slight line of cicatricial tissue. Of course all of these, in so short a time, cannot be pronounced as cured; but a large proportion of them will prove so.

The question comes up, are all cases subjects for operation? Most authorities advise non-operative treatment in persons past middle age, especially when the hernia is small and easily supported by a truss, and the adipose tissue in abundance; but here there is effort made at cure, the only object being to hold it in abeyance. I leave this for the surgeon to decide in each individual case. Suffice it to say, were I the patient, should say operate and I abide by the result.

In case of infants the palliative treatment should be used, hoping to effect a cure, failing in this, an operation for the radical cure can be performed later.

In short, I believe every person with hernia, who is not physically incapacitated for such an operation, should have it done, and the sooner the better.

As would be supposed the talent and ingenuity of surgeons have proposed innumerable operations.

Those of Wutzer and Wood have been relegated to the past by the introduction of aseptic surgery and such measures as the use of irritating fluids, hoping to obliterate the canal, are I think inapplicable in this day when the realm of surgery is in the ascendancy.

Many modern operations are now in vogue. The principles in all are the same. Expose, reduce the contents of, ligate and excise the sac, then endeavor to obliterate the hernial canal. How this is accomplished matters little, the least complicated being the best operation.

Leaving the rarer forms to be treated on general principles with probably slight modifications in each individual case, I will here consider only the most frequent varieties, inguinal and femoral. The operations for each are numerous and all have been vaunted by their advocates who have had undoubtedly brilliant success, and the surgeon may have gratifying results with any he may adopt.

The operation, however, for inguinal hernia which has stood the test, and seems to me to fulfill the indications better

than any other, is that of Bassini. It is simple and can be performed by any surgeon who remembers the anatomy of the parts involved. The object of the operation is to obliterate the inguinal canal and create another passage for the spermatic cord. The canal is above and posterior to Poupart's ligament, with the conjoined tendon of the internal oblique and transversalis arching above, but becoming posterior as it approaches its insertion into the pubic crest, where the rectus muscle also seeks attachment.

The first incision extends through the integument and two layers of fascia, this exposes the aponeurosis of the external oblique muscle, incising this the hernial sac and spermatic cord are brought to view. Now dissect the cord from the sac, reduce, ligate and excise the latter, returning the stump into the abdominal cavity. With the cord drawn upwards and inwards, the edges of the rectus and conjoined tendons with the transversalis fascia are sutured to Poupart's ligament, thus obliterating the original canal. Place the cord in its future bed and suture the divided aponeurosis of the external oblique in front of the cord forming the anterior wall of the new inguinal canal. After closing the skin wound press the parts firmly to remove all fluids, as the initial feature of success is union by first intention. Protect the wound by an iodoform collodion dressing.

Femoral hernia is by no means rare and here again Bassini has devised an operation, which, if carefully performed, will almost insure success, Briefly described it is as follows: expose, dissect out, reduce the contents of, ligate and excise the sac. Now close the mouth of the crural canal by suturing Poupart's ligament to the pubic portion of the fascia lata just after its origin from the pubic bone, thus drawing Poupart's ligament in apposition with the ileo-pectineal line of the pubes and closing the crural canal. A few sutures are now passed through the margins of the saphenous opening. The only requisite to success in either of the operations, is that the sutured structures shall unite firmly and quickly and this should be obtained by any surgeon who observes carefully the rules of modern surgery.

• The parts will require support for some time after the

patient is able to leave the bed; if, however, in eighteen months there is no evidence of return the surgeon can record a success.

---

#### The New York Medical League.

This organization, although but a little over three months old, has for its membership over five hundred practitioners. The object of the League as set forth in a letter by Douglas H. Stewart, M. D., Cor. Sec., published in the J. A. M. A., is as follows:

"1. To unite fraternally Doctors of Medicine, in good standing, for mutual protection and benefit, by advancing the interests of its members professionally, financially and politically.

"2. By united action to secure the enactment of such laws as shall benefit the medical profession.

"3. To influence Doctors of Medicine to be good citizens, in the highest sense of the term, and to urge upon them the necessity of taking active part in matters pertaining to state and local government and of voting at every election.

"4. To collect evidence of hospital and dispensary abuses and to exclude well-to-do persons from medical charities, thereby securing proper care and attention for the worthy poor.

"5. To secure the adoption of laws commanding the appointment by the courts of medical experts qualified for their work."

*Atlantic Medical Weekly.*

---

#### The Code in Brief.

"Consider every member of the profession as one of your own family, and having an inherent right to your medical services, but do not abuse this right; consider any discovery or invention you may make as belonging to the general profession; never in any way laud your medical skill or attempt to supplant in public or private estimation one of your medical brethren; join as soon as may be, the incorporated companies of your fellows for scientific and social intercourse, and for the cultivation of that professional conscience which often binds men more closely than their personal sense of right and wrong; through good and ill report, stand by members of our own profession, unless they be guilty of moral evil."

—*Dr. H. C. Wood, in Medical Age.*

# Southwestern MEDICAL RECORD.

---

All communications for the editors, original contributions, exchanges, books for review, etc., should be addressed to SOUTHWESTERN MEDICAL RECORD, Houston, Texas.

All communications of a business nature, all money orders, drafts, checks, etc., should be addressed and made payable to ROBT. T. MORRIS, M.D., Secretary, Houston, Texas.

The editors are not responsible for the statements or opinions of contributors.

*To Contributors and Correspondents.*—Original Articles, Clinical Reports, Correspondence upon subjects of General or Special Interest, News Items, etc., are solicited from members of the profession everywhere

---

Entered as second class mail matter at the Postoffice at Houston, Texas.

---

## EDITORIAL DEPARTMENT.

---

“Fiat Justitia,  
ruat Coelum.”

“LET justice be done, though the heavens fall,” is the patriotic motto of the New York Medical League, an organization whose life is still infantile; whose accomplished good is phenomenal and of the utmost importance and usefulness to the individual doctor and the medical profession in general.

Its guardianship is manly, equitable and ethical, and had it been conferred by the highest tribunal in the land its objects could not have been more praiseworthy and conducive to the every day interests of the physician.

“The objects are to mutually profit and benefit the members of the profession; to advance their interests politically, financially; to enact laws for the common good of all physicians; to collect evidences of hospital and dispensary abuses, excluding the well-to-do, and encouraging the worthy poor; to secure the adoption of laws commanding the appointment by the courts of medical experts qualified for their work.”

Although this association is only in its fourth month of existence, it has succeeded in placing upon the statute books of New York state, a law, which goes into effect this November and whose operation shall greatly mitigate the dispensary abuses so rife and injurious to livelihood of the honest doctor. It is to be hoped that the efforts of the League shall meet with the well deserved success they unmistakably merit, and that some, at least, of the “Free Dispensary” abuse signs shall be replaced by the more appropriate one, “House for Rent.”

This successful effort further demonstrates more than ever what can be accomplished by concerted, organized medical bodies, and forcibly reminds us of the evils hampering the profession in Texas, and strongly suggests a remedy for the suppression of these well known and much to be complained of abuses.

From past events, however, it is hardly pessimistic to assert that, Texas shall always be without an operable and in every satisfactory medical law until, at least, more efficient means are used than passing verbose resolutions, frequently consuming the day and extending the session long into the midnight without accomplishing anything more practical than the slow misuse of time.



The repetition of this sort of thing has nauseated and disgusted many men earnestly interested in bettering the profession in the state, and has discouraged others equally sincere and energetic who would, if a more resultant scheme were in force, use time, money and energy in their efforts to "*Fiat justitia ruat coelum.*"

A similar organization of Pharmacists could readily suppress the ubiquitous evils, the result of the non-regulated sale of morphine, cocaine, etc., to irresponsible and frequently innocent persons.

J. A. M.

---

DR. W. W. WALKER, of Schulenberg, sends to the RECORD, some of the best stories of questionable advertising, "within the fold," that the RECORD has yet received. Dr. Chilton, of Comanche, gave us some methods for publication in the June number of the RECORD. These gentlemen are of the class of nature's noblemen, who are large enough in intellectual calibre to appreciate the very pith of the poet's words when he said:

"For a' that, and a' that,  
 Their tinsel show and a' that,  
 The honest man, though e'er sae poor,  
 Is king o' men for a' that."

The worst quacks we have in medicine are often sticklers for (?) and observers (?) of the so-called code of ethics. In every state in the union quacks have complied with the laws and practice their nefarious methods. You cannot legislate, nor there is any known process of law, whereby you can make a gentleman out of a "jackass." As the boor is in all castes of society, so will the quack be in medicine. Many connect quackery with ignorance; while this may be true in the literal or higher sense, it is not so as commonly understood. The quack is found in every position in medicine from the highest position in the college to the tramp doctor. He flourishes in the faculties of the college as elsewhere, (the Hous-

ton quack setter has come to a steady stand on some of the faculty of the Medical Department of the State University) he is the president of societies and other positions of prominence often. It is born in him, he cannot help it; we believe it to be as much a law of cell life, as particular tendencies to disease are a law of cell life. Physicians often make the mistake of thinking this *genus homo* is only found in medicine; not so, for he is not confined to any one, but to all vocations of life; the honest dairyman, the honest grocer, the honest mechanic, the honest lawyer, the honest farmer and the honest gardener, all have this man to contend with, as well as the honest physician. I have found the boy in the school room, at ten years of age, that makes this man. Yet a philosopher of mankind has said:

"In men whom men condemn as ill  
 I find so much of goodness still,  
     In men whom men pronounce divine  
 I find so much of sin and blot,  
     I hesitate to draw a line  
 Between the two, where God has not."      B.

---

<b>University</b>	THE appointment of Prof. W. S. Sutton
<b>Appointment.</b>	to the chair of Pedagogy in the University of Texas, meets with our most hearty approval. It is directly in harmony with the policy that we have advocated all along, and it is further, with some degree of satisfaction that we see our ideas being carried out. Prof. Sutton has been in Texas sufficiently long for him to form an intelligent conception of the needs of our teachers and consequently can enter upon the discharge of his duties at once, without his passing through a stage of auto-instruction.

It is all well and good to state that the underlying principles of psychic phenomena are one and the same everywhere, yet it must be conceded that the application of them

to local conditions or needs is as much a matter of variation as is the practice of medicine. In fact, the practice of medicine furnishes a very striking example of what we have been saying. The science of medicine is necessarily the same everywhere; but for a physician to give calomel in mass as we do here is as much as his practice is worth; or for us to prescribe iron and cod liver oil in the same quantities as our Northern confreres would necessitate our seeking other employment.

R.

---

## CORRESPONDENCE.

HOUSTON, TEXAS, June 15, 1897.

Dr. W. W. Walker, Schulenburg, Texas.

DEAR DOCTOR: Yours received and noted with a great deal of interest, granting the premises in regard to *turpentine* and the claims made for it by Dr. Wood. The combined experience of the profession for twenty years fails to show wherein it ever moderated or cut short the progress of Typhoid fever—this is my main reason for relegating it to oblivion. Dr. Woodbridge's treatment "is the craze to-day," but, in my opinion, it is based upon a false hypothesis, and will never meet popular usage. Simplicity in medicine is the rule to be attained. Polypharmacy is to be condemned. Too much medication is often times worse than no medication. The impracticability of a Doctor coining compounds in Chicago, to meet the universal indications for *Texas* fever, is evident.

Liquid antiseptics are a failure for intestinal purposes. *Ideal* intestinal asepsis can only be attained by chemical combinations, the character of which is such, that decomposition must take place at or near the seat of lesion. The base and radical of this combination, to be such that it will not produce deleterious effects. Bismuth salicylate has this property and is decomposed when in contact with the alkaline secretions of the intestines. 66 per cent. of Bismuth hydrated oxide is deposited along the mucus membrane; 24 per cent.

in the form of salicylic acid passes into the circulation. The same can be said of sulpho-carbo zinci which is a sub-basic salt. The same will apply in a limited degree to carbonate guaiacol. Necessary for the antiseptic effect of a drug chemical decomposition must take place, without this we have no asepsis. We may saturate a Typhoid patient's blood, muscles, and lymphatics with antiseptic remedies—eucalyptol, thymol, menthol, turpentine, iodine, until the urine, breath and exhalations, are decidedly odoriferous, and yet our intestinal discharges will be septic. The fever will continue. Why? Because the bacillus is at work at the seat of lesion manufacturing toxine faster than you can neutralize the toxins by systemic antiseptics. Hence, the irrationality of the Woodbridge treatment. The evolutionary tendency of Texas fevers for twenty years has been Typhoid; the maltreatment of which is plainly evident to any one of large experience. The efficacy of Woodbridge is largely, if not entirely, due to the carbonate of guaiacal contained, and is a good starter on the rational and radical treatment which will lead to something better.

Faternally,

F. B. KING, M. D., Ph. G.

[N. B. The above communication is in reply to all letters in reference to Dr. King's paper on the treatment of Typhoid fever, which appeared in the June number of the SOUTHWESTERN MEDICAL RECORD.—ED.]

---

**Meeting of The Texas Association of R. R. Surgeons.**

TERRELL, TEXAS, June 15, 1897.

DEAR DOCTOR: The fifth meeting of the Texas Association of Railway Surgeons will be held in the city of Galveston on the second Tuesday in August. As that is a very desirable time to visit the "Island City," and being solicitous of having the Association well represented by the Railway Surgeons of the state, let me insist that you attend and if feasible, bring a short practical paper on some subject pertaining to Railway Surgery to be read before the Association.

Come, let us meet, discuss surgical questions and reason

together in behalf of our profession, thereby promoting the surgical interest of the railways we represent.

A nice programme will be provided for the entertainment of the Association.

The title of all papers should be sent to Dr. Clay Johnson, Secretary, at Corsicana, Texas, not later than July 20th, in order that the programme may be issued.

I hereby extend to you a cordial invitation, insuring you a pleasant and a profitable time.

For any desired information apply to Secretary, Dr. Clay Johnson, or to, Yours fraternally,

W. H. MONDAY, M. D., President.

---

## SOCIETY PROCEEDINGS.

### **Fact and Fancy Echoes From the Meeting of the American Medical Association, June 2nd, 5th, Philadelphia, Pa.**

Dr. G. M. Sternberg, Washington, D. C., was elected president for the ensuing year and Denver, Colo., chosen as the place of next meeting, May 1898.

Dr. W. W. Keen, in his address on surgery, among many other excellent things said as follows;

“Animal experimentation has had also a very large share in the development of modern surgery. The whole question of the introduction of animal ligatures was begun in America by Physick, who used buckskin, and his follower, Dorsey, who used kid, and cut both ends short; Hartshorne, who used parchment, and Bellenger and Eve, the tendon of the deer, and has been solved principally by experiment upon animals in order to determine accurately the behavior of such ligatures in the tissues. Only professional readers can appreciate what a boon to humanity this simple achievement has been. Modern cerebral surgery also owes its exactness and success almost wholly to cerebral localization and antisepsis, both of which were first studied by experiment upon animals, and later by the application of the knowledge so gained to man. Bacteriology would not now exist as a science, nor would accurate modern surgery and a large part of modern medicine be



possible, had experiments upon animals been prohibited, as some zoopholist women who love dogs better than men and women, and even little children, desire." \* \* \* "The appendix, that meagre but the most troublesome ancestral vestige, which, with the bicycle, has been the faithful friend of the surgeon through the past few years of commercial depression, has been recognized within the past few years as the real origin of the so frequent abscesses in the right iliac fossa. Beginning with Willard Parker's paper in 1867 and Fitz's memorial paper in 1886, the treatment of appendicitis and even its much abused name are distinctly of American origin and an immense credit to American surgery."

On motion of Dr. Hull, of Baltimore, that portion concerning animal experimentation was appended to a protest by the association, against the senate bill restricting such experiments in Washington, D. C.

The X-ray was freely discussed and developed the fact that its dangers had been exaggerated. It possesses positive advantages in the early, and complete diagnosis of pulmonary consumption and pneumonia. In all diseases of the lungs and pleura its use is becoming more and more apparent.

Dr. Rochester, of the University of Buffalo, has gone back to the old treatment of consumption, in spite of alleged specifics for its cure. His plan then is to give plenty of exercise in the fresh air and treat symptoms. For the cough, in addition to keeping the upper air passages free from secretions; he advised continued inhalations of essence of peppermint through a perforated zinc mask.

Dr. Bartand, of Pittsburg, Pa., in speaking of the prevalence of tuberculosis said in part as follows:

"It will be a moderate estimate to say that nearly 50 per cent. of the human race are infected at some period of life with tuberculosis. Large as is the death-rate, the tubercle bacillus does not seem to be a markedly virulent germ. Without the addition of septic germs pulmonary tuberculosis would not be the fatal disease it is to-day. The vile habit which American people have of expectorating on floors and sidewalks has much to do with the transmission of septic germs, as well as tubercle bacilli to the lungs." Further, discussing the curability of consumption, he said: "Possibly two-thirds

in the latent stage throw off or resist the infection. In the ulcerative stage, or mixed infection, three per cent. possibly recover. twenty per cent. become quiescent and the remaining seventy-seven per cent. live two years.

Dr. G. H. Makuen, Philadelphia, exhibited some patients illustrating the great advantage accruing to patients suffering with defective organs of speech, from systematic exercise of the motor track and the various peripheral muscles and organs of speech in their normal movements."

Dr. W. B. Colby, of New York, says: "That he has got to see the infant that could not wear a properly arranged steel spring truss." He is further of the opinion that femoral hernia is practically incurable without an operation.

Dr. E. Stuver, of Rowles, Wyoming, stated for Prof. J. H. Bartlett, of the Friends' Select School, "that every school-house should have its kitchen and dining room. Parents, as well as children, need instruction upon what, how and when to eat."

*Strophanthus* seemed to attract much attention. The section *Materia Medica* received extended notice of elaborate experiments with the drug. The drift of opinion is that it will soon supplant the older and more commonly used drug *digitalis*.

The social functions at this jubilee meeting, or semi-centennial, surpassed in elegance and appropriateness any given at former meetings, and, in fact, Philadelphia recognized the occasion and was equal to the emergency.

"Death Due to Hypnotism by Unskilled Amateurs"  
—*American Law Review* May and June 1897.

In the case of a colored lad, Spurgeon Young, whose death was rather strange, the coroner and jury of Chautauqua, New York, propounded the following inquiry touching the cause of his death. "How far was it due to or traceable to his condition, as affected by repeated placing of the lad in a hypnotic state, by hypnotizers who are not skilled in the matter, and, in which it was thought, that he sustained physical injuries which might have incited the disease of which he died"? The youth had been a chronic, sensitive subject for six months and had been protractedly and repeat-

edly hypnotized by reckless, youthful dabblers in hypnotism. This hypothetical question was submitted to a number of leading medical jurists, who with one exception, pronounced "such experimentation and hypnotizing as vicious and dangerous." Hon. Thompson Jay Hudson, L.L.D., of Washington, D. C., a learned authority in the whole domain of "hypnotic suggestions," summing up his reply by saying, "In my opinion, there could be but one inevitable result, namely a shattered nervous organism, leading eventually, if life is prolonged, to imbecility, or insanity."

---

#### Section Officers of the State Medical Association.

*Surgery*—Chair: B. E. Hadra, San Antonio. Secretary: J. R. Stuart, Houston.

*Practice*—Chair: A. B. Gardner, Bellville. Secretary: J. S. Wooten, Austin.

*Obstetrics*—Chair: C. L. Gwyn, Galveston. Secretary: T. L. Kennedy, Galveston.

*Gynecology*—Chair: H. K. Leake, Dallas. Secretary: S. F. King, Sherman.

*Pediatrics*—Chair: T. J. Bennett, Austin. Secretary: E. A. Woldert, Tyler.

*Forensic Med. and Hygiene*—Chair: F. S. White, Terrel. Secretary: S. E. Hudson, Austin.

*Ophthalmology*—Chair: R. F. Muller, Sherman. Secretary: S. L. Terrell, Dallas.

*Necrology*—Chair: C. D. Capps, Fort Worth.

By appointments of Vice Presidents S. C. RED, A. C. SCOTT, C. M. ALEXANDER.

---

DOCTOR: Your library is not complete without the *Hypnotic Magazine*. Cost of this handsome monthly, including premium book on "Suggestive Therapeutics," is only ONE DOLLAR (\$1.00) a year. THE PSYCHIC PUBLISHING CO., 56 Fifth Avenue, Chicago.

## FROM OTHER JOURNALS.

**Corrosive Sublimate Lotions as a Prophylactic Means Against Soft Chancre.**

Dr. S. Giovannini, Professor Extraordinary of Dermatology and Syphilography at the Medical Faculty of Turin, has carried out a series of experiments on persons affected with soft chancre, with the view of showing that corrosive sublimate lotions constitute an affective means of preventing transmission of the chancre.

He made a small, superficial wound on the inner surface of each leg, and inoculated it with matter from the soft chancre. One of these wounds was then left in this condition, while the other was washed, after a variable time had elapsed, with a tartrated solution of mercuric chloride.

In every case, the wound not treated with this solution rapidly changed into a typical soft chancre; but the one which had been washed with a 1: 1,000 mercuric chloride solution for at least one minute, and within a period of not to exceed eight hours after the inoculation, healed promptly like an ordinary wound.

Dr. Giovannini is, therefore, of the opinion that all it is necessary to do, in order to avoid contracting a soft chancre is to wash the penis carefully with a 1: 1,000 corrosive sublimate solution as soon as possible, and, in any event, within a few hours after a suspicious coitus.—*Review of Reviews*.

**Chlorosis.**

1. An anatomical basis of chlorosis has not been satisfactorily determined.

2. A perversion of the appetite—excessive consumption of starches and sugars—is a common symptom of chlorosis.

3. The development of chlorosis is due to an insufficient consumption of animal proteids.

4. Chlorosis is far more common than is generally supposed, and occurs in both sexes and at almost all ages.

5. The diagnosis of chlorosis should be based altogether upon an examination of the blood.

6. The term chlorosis should be discarded, and simple anemia substituted.

7. Iron is not a specific in the treatment of chlorosis.

8. In the treatment of the disease attention should primarily be directed to the diet.

9. In cases in which iron fails, satisfactory results may be obtained, without medication, from a suitable diet, in which animal proteids, bone-marrow and dark beer are the principal factors.

10. The beneficial effects of bone marrow are not due to the amount of iron which it contains.—*American Journal Medical Science*.

---

### NEWS AND MISCELLANY.

Dr. Donald McKay, recently of Texas City, has permanently located in Houston, office, Moore-Burnett Building.

The East Texas Medical Association will meet at Tyler, July 13th, 14th, when the Fruit Palace opens. Round trip \$5.00 from Houston and southern points.

The eighth semi-annual session of the Central Texas Medical Association convenes at Waco, Texas, Tuesday and Wednesday, July 13th and 14th. The RECORD regrets having received the programme too late for publication.

Dr. B.E. Hadra, of San Antonio, has recently been appointed chief surgeon for the San Antonio & Gulf Railway. The doctor is one of the most prominent surgeons in the state and is in every way deserving of the confidence bestowed in his ability.

An infallible sign of death is said to have been discovered by "an eminent medical authority." It consists in the failure of the light to penetrate the hand of the supposed defunct when exposed to the X-ray.—*The Electro-Therapist*, June, '97.

LONDON, May 14—[By Cable to the *Herald*].—A dispatch to the *Daily Mail* from Bombay says that the bubonic plague is making fearful ravages in the Cutchmandvi district, where there have been 2,000 deaths in a fortnight. Half the population has fled.—*The Sanitarian*.



Frances Schlatter, the well-known "Divine Healer" and "New Messiah" was found dead in the foot-hills of Sierra Madre, thirty-five miles southeast of Casa Grande, in the State of Chihuahua, Mexico. He had been fasting, and apparently starved to death.—*The Journal, A. M. A.*

We have recently heard of a high compliment bestowed upon a friend of ours in Fort Worth, Texas. The Trustees of Mercer University, on June 1st, considering him worthy of the title L. L. D., acted upon it, and now we are pleased to write W. A. Adams, A. M., M. D., L. L. D. Accept our congratulations.

Dr. F. E. Daniel, the versatile editor of the *Texas-Medical Journal*, on May 29th ult., delivered a lecture before the law students of the University of Texas. The subject of his lecture was "The Jurisprudence of Insanity," with special application to the case of Eugene Burt. The Doctor, and the editors of that journal, believe Burt insane.

From newspaper authority we hear of another death from the administration of chloroform at Corsicana, Texas, and while we extend our sympathy to all concerned in the loss of life, to the physicians, as well as friends of the departed, we cannot refrain from asking, when will the profession learn of the safety of ether over chloroform as an anaesthetic, that has been so authoritatively conceded and taught during the past decade?

The Centennial of the Medical Society of the County of Westchester, N. Y., was celebrated with considerable ceremony at the court house in White Plains, on the eighth of May. It is rather an interesting fact that the Medical Society of the County of Westchester, is older than that of the County of New York. It is older than the State Society, which can not celebrate its Centennial until 1906.—*Post Graduate.*

THE PROOF OF AN INDIVIDUAL'S URINE.—The Supreme Court of Indiana holds that a plaintiff in action for personal injuries alleged to have produced a secretion of albumen and sugar in his urine, may be required to

produce in court specimens of his urine for analysis accompanied by an affidavit that it was voided by him—the privacy of his person not being thereby invaded, the urine being an inanimate substance and part of person.—*American Law Review*, May-June, 1897.

Vivisection, *if strictly kept within the limits of its important purpose*, is a moral obligation; and he who would hinder the physiologist in the performance of his duties makes himself guilty of immoral conduct; but any cruelty to animals, viz., every lack of respect for life, every thoughtless or wilful infliction of pain, every delight taken in torturing, injuring, or destroying sentient beings, is a crime that should be denounced and reprimanded and, if necessary, checked by the power of law.—*Dr. Paul Carus, June, Open Court.*

Some people never see a joke, others don't recognize it when it is labeled. For instance, Dr. E. Lanphear, of St. Louis, attended the Texas State Medical Association and very ably discussed a paper on ectopic gestation by Dr. N. Macphatter, of Denver, Dr. Fly, of Galveston, continuing the discussion, wanted to know of the above named gentlemen, how many cases they had seen? This being answered, he said: "I would like to have some one explain why this condition is so much more common in the Mississippi Valley and the Rockies than on the Gulf Coast? And then a member—to fame unknown—(Dr. McMahon Ed.) arose and gravely argued that it was due to a difference in climatic influence." The above quotation is from Dr. Lanphear's *American Journal of Surgery and Gynecology*. Dr. McMahon "gravely argued," while the association was convulsed with laughter: "that it was cold in St. Louis and Denver and people consequently slept closer together, that the low temperature accelerated the movements of the spermatazoa and made them in a greater hurry to reach the ova." This, by a gentleman with the Mc prefixed, might be considered as a satisfactory explanation for all but those who never appreciate the honied sarcasm of the sons of "Old Erin."

A friend of ours asked us not to do it, and we consequently agreed to call no names. If you want, however, to see what a smart newspaper man can say about you (15 cts.

a line) just buy, beg (from one of the victims) or borrow a copy of th ——— June 10th ult. No extra charge for adding a few years to your professional course or placing the civil war in the fifties. Such little attentions as graduating a man from the same school twice ("with highest honors" always) or stating that he "has performed every operation known to surgery" is gratis (all at 15 cents a line, we had been asked.) This distinction (?) was thrust upon six colored physicians seven regular, advertising ones and twenty others. Some of them state, that they are members of the State Medical Association and the Houston District Medical Association. One of the twenty, a friend of ours, and an old Confederate, a great stickler for ethics (couldn't affiliate with the Houston District Medical Association) gets a little two dollar ad along with ten and fifteen dollar ads. of men certainly not his superior. Oh, how the mighty have fallen! Doctor, we hadn't think it. We give below a sample write-up of one of the twenty: "Respectfully tenders his professional services to the citizens of Houston, Harris county. Having practiced here for thirty years will give special attention to the treatment of female diseases, obstetrics, infants, rheumatims and paralysis, etc. On receipt of \$1 I will forward to any one a prescription that will antedote the poison caused from the bite of a mad dog, spider or any poisonous reptile. Having used it for thirty years with perfect success when used according to direction, the parts affected will not become inflamed. Special directions given. I will give diagnosis free."

---

### BOOK REVIEW.

"Who shall dispute what the reviewers say?  
 Their word's sufficient, and to ask a reason  
 In such a state as theirs is downright treason."

—CHURCHILL.

FLINT'S MEDICAL AND SURGICAL DIRECTORY of the United States and Canada (1897), compiled by A. L. Chatterton, published by J. B. Flint & Co., 104 Fulton Street, New York.

This is the first number of a Medical and Surgical Direc-

tory for the United States and Canada that Messrs. J. B. Flint & Co. propose to publish annually. It is a volume of 1026 pages. In addition to the name and postoffice address, where obtainable, there is also given the date and college of graduation. It contains a digest of the medical laws of the states and territories of the United States and for Canada.

Messrs. J. B. Flint & Co. have given the profession and those interested in such a directory, the most perfect and complete directory for the United States and Canada now extant. We have but one criticism to make and that is concerning the omission of a list of the medical periodicals published in the United States and Canada. We can most heartily recommend this directory to the profession and others interested, having interest or business with the medical profession of the United States and Canada.

B.

#### THE JUNE OPEN COURT:

A handsome portrait of Pythagoras, reproduced from an ancient cameo, forms the frontispiece of the June number of *The Open Court*. The main article is on "The Life of Pythagoras," by Prof. Moritz Cantor, of Heidelberg, Germany, the great mathematical historian, who has constructed an extremely lifelike and attractive picture of the great Grecian thinker. Mr. A. F. Campbell, Secretary of the Police Department of Chicago, writes on "The Department of Police as a Means of Distributing Charity." Mr. Campbell's article forms a supplement to the recent article in *The Open Court* by the Hon. Lyman J. Gage on "The Administration of the City of Chicago." The Rev. Bernhard Pick's "Historical Sketch of the Jews Since the Captivity" is concluded in the present number. The editor discusses "The Immorality of the Anti-Vivisection Movement." He regards certain features of the anti-vivisection crusade as extravagant, and, in so far as the sentiment on which it is based is unreasoned, he views it as immoral. He takes as his text the article "In the Dissecting-Room," in the same number, where the ethical and utilitarian aspects of dissection are considered. The Open Court Publishing Co., Chicago. Single copies, 10 cents. Annually, \$1.00.

## REPRINTS, PAMPHLETS, ETC., RECEIVED.

- “The Causes of Death after Abdominal Section,” by H. J. Boldt, M. D., Professor of Diseases of Woman; Gynecologist to German Poliklinik, and Surgeon to St. Mark’s Hospital; Consulting Gynecologist to Beth-Israel Hospital.
- “Vaginal Extirpation of the Uterus and Adnexa in Pelvic Suppuration and Septic Puerperal Metritis and Peritonitis,” by H. J. Boldt, M. D., Professor of Gynecology at the New York Post-Graduate Medical School and Hospital; Gynecologist to St Mark’s Hospital and the German Poliklinik; Consulting Gynecologist to Beth Israel Hospital, New York.
- “Summer Complaints of Infants and Children,” by Lambert Pharmacal Co.
- “Implantation of the Ureter into the Bladder, per Abdominal Section, for the cure of Uretero-Vaginal Fistula,” by H. J. Boldt, M. D., Professor of Diseases of Women at the Post-Graduate Medical School and Hospital; Gynecologist to the German Poliklinik and St. Mark’s Hospital; Consulting Gynecologist to Beth Israel Hospital, etc., New York.
- “Notes on the Treatment of Fæcal Fistulæ,” by Frederick Holme Wiggin, M. D., Visiting Gynecologist to New York City Hospital, and Visiting Surgeon to St. Elizabeth’s Hospital.
- “Eucaine Hydrochlorate,” a safe and Reliable Local Anesthetic; by Schering & Glatz, New York.

## PUBLISHERS’ NOTES.

TO PHYSICIANS.—When over in the first ward you can have your powders dispensed in elegant cachets or wafers by writing, Ft. Cachets, on your prescriptions and sending them to Richards drug store, 1718 Houston avenue.

The remarkable collection of Mineral Waters, known as Sour Lake, is situated in Hardin County, Texas, about eight miles from Sour Lake Station, on the Texas and New Orleans



Railway. The Lake is located in a lovely spot, and is surrounded by a grove of stately old oaks, maple, sweet gum, etc., which afford a delightful shade, and a cool breeze blows continually from the south. The waters of the Lake have a strong acid taste, and close around it are thirteen separate and distinct springs, each one furnishing a different mineral water. The lake is studded with bubbling gas jets, which impregnate its waters, and a mineral healing tar oozes up out of the ground and floats upon the surface of some of the Springs. This is collected, and is used in the treatment of all kinds of Skin Diseases, Ulcers and Scrofulous Sores. Both the gas and the tar burn with great brilliancy when ignited. See ad in this issue.

IMPERIAL GRANUM.—This standard prepared food for invalids and children has won the enviable distinction of having successfully stood the crucial test of years of actual clinical experience in private practice, sanitariums and hospitals, while numerous competing preparations have appeared and disappeared—often so completely that even their names are forgotten. The Imperial Granum, however, enjoys so universally the confidence of physicians that its merits are beyond dispute. Moreover, the decision of its manufacturers not to publicly advertise it has secured for it the endorsement of even the most ethical members of the profession, who dislike to prescribe any article advertised broadcast to the people and profession, alike. Physicians can obtain sample packages free, charges prepaid, on application to the Imperial Granum Co., New Haven, Ct., or, John Carle & Sons, New York City.

McKesson & Robbins announce that they have obtained a compound of Guaiacol, wholly soluble, free from odor and caustic effect, which retains the antiseptic and antipyretic proportions of guaiacol. This compound is formed by treating crystalline guaiacol with concentrated sulphuric acid—sulpho-guaiacolic acid. By uniting the acid with quinine, guaiacol bi-sulphonate of quinine is formed, which they have named guaiaquin. This preparation is now offered to the profession for experimental trial.

# *Southwestern Medical Record.*

*A Progressive Monthly Journal of Practical Medicine and Surgery.*

---

VOL. II.

AUGUST, 1897.

No. 8.

---

## **Eczema.**

R. W. NOBLES, M. D., TEMPLE, TEXAS.

This disease, protean in aspect, is so common that according to Fox, Wilson, Morrow and others, 1-3 of all the dermatoses coming under observation are some form of eczema.

The etiology is not fully determined. There are so many causes from which eczema springs that it cannot be assigned to any one source.

The germ theory is ignored by it, and while rheumatic, or gouty diathesis may be a part of the previous history of an attack, others who are free from such history have eczema also. Aside from rheumatic or gouty subjects, no other affection is more apt to predispose one to eczema than another.

The gouty or rheumatic diathesis, more than any other, does predispose a patient to eczema in some form; statistics prove it, and it is so taught in the schools of France and England. The American schools, however, do not accept the theory in full, and are inclined to lay much less stress on it than the dermatologists across the water.

The predisposing causes of eczema are disorders of the stomach, kidneys and liver; the neuroses, and the rheumatic and gouty diathesis.

The exciting causes are first, irritants; chafing of one part upon another with moisture, or long continued application of moisture to any given point, and blisters, rubifacients, and discutients; The structural peculiarities of the skin, especially thin skin, predisposes to eczema. The exact measure of pathogenic influences exerted by these different factors cannot be definitely determined. Some cases spring from constitutional causes, others from external origin.

Morrow says, prominent among constitutional causes of eczema may be mentioned disorders of the digestive apparatus, manifest in impaired digestion, imperfect assimilation and deficient excretion. Owing to imperfect oxidation on the part of the liver, the retrograde metamorphosis of waste products is not normally complete, leading to their accumulation and circulation in the blood in the form of uric and oxalic, instead of their prompt elimination by the kidney.

He again says, eczema is so frequently met with in gouty and rheumatic persons that its close analogy with, and dependence upon, the uric acid diathesis cannot be questioned.

Climacteric conditions and heredity are also predisposing causes. The influence of the seasons are seen, in that greater number of cases occur in the winter than in summer. Heredity acts on the principle that like begets like; and the progeny of thin skinned, light complexioned, progenitors present the same peculiarities of the integument.

Heredity, gastritis, nephritis, oxaluria, uric acid and gouty diathesis do not of necessity produce the disease, as many cases of constitutional troubles present no evidence at all of eczema; but merely predispose the patient towards contracting the disease. Eczema being so common and annoying to the patient, that nothing adds more to a patrons gratitude than to be relieved of it, and no skin affection in all its varieties is so amenable to treatment. The symptomatology of eczema can be fairly well differentiated from other dermatoses. In acute eczema you have redness, swelling, pruritus and the circumference is not markedly well defined, but, shades off gradually into healthy skin. There is weep-

ing, may be bleeding from scratching. If the eczema is diffuse there may be elevation of temperature, a chill, but usually there is none. In acute diffuse eczema, in which a large part of the integument is involved, there is more or less fever, induration of the affected area with redness, burning, pruritus and moisture, a gradual shading off of the diseased structure into healthy tissue, a tendency towards forming crusts, with weeping from the tissue under the crusts.

In chronic form you will find not much swelling, but rather an induration; is scaly or moist, and if scaly you will find moisture under the scales. The diseased area is cracked and bleeds more or less, especially from scratching.

Itching, one of the greatest diagnostic symptoms, is always present.

The existence of reddened patches, gradually shading off into healthy skin, weeping or scaly surface or covered with crusts with moist base, pruritus, scratched and blood-stained crusts, chronic in form, gradual encroaching on healthy skin or limited to certain areas, are chief symptoms of eczema. A weeping surface which dries into crusts, as a feature, is wanting in erythema and other diseases and is also wanting in the erythematous form of eczema.

According to Tilberry Fox, the itching is a differential symptom which urticaria, scabies and pruritus compares with it, but urticaria having the characteristic wheals always accompanying it makes a diagnosis of it easy. There are many diseases with which eczema may be confounded upon a cursory examination, but a careful inquiry into the previous history of the case will generally aid one in making a correct diagnosis.

The predilection of eczema for the flexor surfaces and soft skin of the body, also for the margins of cutano-mucus junctions, for the face, back of the ears, the wing of the nose, the external auditory canal and the anus. Scabies is fairly easy differentiated from eczema. The usual sites selected by it being between the fingers, on the breasts, and body, on the body of the penis, in the male and never on the scalp.

The borough of the itch mite also makes a differential easy. Pruritus may be more easily mistaken for eczema

than any of the three. It, however, does not scale, does not usually inflame or redden, but merely gives evidence of irritation and erosion from scratching. Fox describes six forms of eczema and nine local kinds which come under the six heads. Wilson's divisions are;

- Eczema Erythematosum (Pityriasis)
- “ Papulosum (Lichen Symplex)
- “ Vesiculosum
- “ Ichthiosum (E. Madidans, E. Rubrim)
- “ Pustulosum (E. Impetiginosum)
- “ Squamosum.

The localities upon which some of those forms may appear and from which it derives its name, are the scalp, face, ear, hands and feet, anus, hairy parts of the face, the scrotum, vulva and the nails.

Two forms of eczema may be associated in one locality. For instance, you may have eczema ruber et squamosum. Unna describes a separate form, eczema seborrhoicum, a form peculiar to itself, the characteristic of which is oiliness, itchiness, a peculiar circinate configuration of lesion, a yellowish color, crumbling fatty scales, and may appear on any part of the body, may be either moist or dry, and is peculiar to no particular age. In children, it is more apt to appear upon the face, flexor surfaces of the limbs, the breasts and axillary space and is usually of the moist form. The crusty crumbling form is more peculiar to the old, and by preference comes on the face or scalp; it is of a chronic nature.

The differential diagnosis between eczema and other dermal affections must rest upon the symptomatic exhibition and previous history. Eczema presents these points in general.

Itching, weeping or ichorousness, chronicity, scaliness of crusty nature, thickening of the tissues, redness, gradual fading into healthy tissue, predilection for flexor surfaces, soft skin, and moco-cutaneous borders; is peculiar to no race, color or previous conditions, is not contagious, does not usually disappear without treatment, tends to chronicity, and may change from one form to another, or develop into two or more different forms at once; it presents peculiar characteristics to itself, and does not become the precursor of a more serious disease.



Ordinarily it yields to treatment, but is apt to relapse, and a cure does not act as a prophylactic against its recurrence later on in life.

A differential diagnosis, between three of the most common diseases for which it may be taken, can be fairly well made.

Erysipelas, in its first stage, resembles acute eczema ruber, in that it presents redness, swelling and burning, but does not itch. Eczema ruber presents the same, but usually there is no elevation of temperature nor chill in this trouble. Erysipelas continues from bad to worse, or continues to encroach on adjacent territory, becomes oedematous, temperature runs high, and either recovers or dies in a definite length of time.

Scabies can be determined by its location, the burroughs of the mite and certain locations upon which it does not appear; for instance, the scalp.

Pruritus, in that it does not scald or weep, shows no local symptoms further than itchiness and marks from scratching. The treatment of the acute form consists in soothing emollient applications; the following acts well in a majority of cases;

Salol dr. 1-2  
Bismuth Sub. Nit. dr. 11-2  
Boric Acid gr. 15  
Oxid Zinc dr. 2  
Mucilaginous Accacia qs.ad. oz. 1  
Apply twice a day.

Or,

Salicylic acid dr. 2  
Oxid Zinc dr. 2  
Bismuth Sub. Nit. dr. 11-2  
Carbolic Acid M. 15  
Glycerine Jelly oz.1

Apply as often as it loosens up and peels off. This glycerine jelly first came to notice through Unna, and is composed of gelatine one part, glycerine three parts; boil until it forms a smooth paste, when cool, this becomes firm and necessitates warming before applying. When it is painted over a part, it forms a smooth pliant protectant, and

holds any drug desired in close application to the parts affected and is cleanly.

Saline waters and cooling medicines also aid in reducing the irritation. Arsenic in the acute form, does not benefit, but on the contrary, aggravates. The chronic form requires stimulating applications, in other words, you desire to aggravate it into an acute form, which hastens absorption and materially expedites a cure. The metamorphosis of a chronic inflammation into an acute form changes the entire nature of this disease, causes a different arrangement in the tissue cells, forces an absorption or destruction of old, unhealthy tissues and renders the disease more amenable to treatment. The constitutional treatment requires such remedies as the condition of the patient may indicate.

If a gouty or rheumatic diathesis, diuretics and diaphoretics, ante-rheumatics are indicated, salol, oil gaultheria, citrate of potash and Fowler's Solution, or some form of arsenic. The following is excellent: Syr. Zingiberis oz. 1. Spts. Nitre Dulc. dr. 3. Fowler's Sol. dr. 2 1-2. Acetate Potash dr. 1 1-2. Fld. Ext. Triticum Repens qs. ad. oz. 4. A teaspoonful three or four times a day. As a local application, Salicylic Acid dr. 2. Oil Cade M's. 30. Oxid Zinc dr. 2. Lanoline oz. 1. M. Apply twice a day. Warm bicarbonate of soda baths or sulphur baths fresh from the spring or well. In old chronic cases of eczema, when all else has failed, application of rhus-toxicodendron has been tried with success—this method transforms the old chronic inflammation into an acute papular erythema which usually, readily yields to treatment, and, when cured, all traces of the former eczema disappear.

Chronic eczema is at times an intractable disease, and a metamorphosis is hard to induce, but by constant attention and alternating treatment, a careful selection of remedies to a given case, a cure may be expected.

For facial eczema, collodion flexible or gelatine menstrums in which the medicaments are suspended, are the most satisfactory applications.

In the treatment of eczema, soaps should not be used except when it is necessary to cleanse the field and no substitute can be had: hot water is much better borne than cold

and usually hot bicarb. soda solution is all that is required to cleanse the affected area. Seborrheal eczema should be treated with sulphur combined with salol, bismuth, sub nit, and suspended in lanoline, vaseline or mucil. acacia, not in gelatine or collodion. Psoriasis may be confounded with eczema, especially of the hands, which owing to the constant use of them disarranges the arrangement of the scales or crusts, but by giving rest to the parts, protecting the affected locality for a short period, the disease will present itself and if it is psoriasis, the bright shining scales will be in evidence. The peculiar circinate demarkation, the tendency to enlargement and coalescing of the circles, and the large exfoliating scales can easily be made out. Psoriasis does not itch. In pustular eczema you have a papular eruption usually following chronic eczema, though it may originate in an acute form. These papules break down and suppurate, forming pustules, and if left alone, deeper abscesses will form which necessitate opening.

This form should be treated antiseptically, the pustules opened, and washed with peroxide of hydrogen and with carbolyzed water; then dressed with ammoniated mercury, 5 to 10 gr. to the oz. lanoline. It should be protected from the air by bandages, or rather, dressings. In conclusion I will say that the various forms of eczema, while I have not given their differential diagnosis as peculiar to its form, and between other diseases similar to them, still, I have, as briefly as possible, tried to give you what light I can in a general way, on the disease as a class peculiar to itself. To go into the minutiae of each separate form, its anatomy, pathology and etiology and diagnosis, would lengthen this article to such an extent that it would weary you.

---

#### **A Study of the White Blood Corpuscles and the Active Principle of Their Nuclei (Neuclein) and its Employment in Tuberculosis.**

##### **EIGHTH PAPER.**

To compete for the Yale Surgical and Gynecological Chair offered by the **SOUTHWESTERN MEDICAL RECORD**, for best paper on some medical subject. See last cover of page.

The advancement which hematology, bacteriology, serum therapy, and the physiology of internal secretions, have

made within the last few years, cannot be fully comprehended without a knowledge of the origin, classification, appearance, and functions, of the leucocytes.

#### ORIGIN OF THE LEUCOCYTES.

In the embryo, they arise from certain cells in the mesoblast.

In the adult, they are manufactured for the most part in the ductless glands; as (a) lymph glands, (b) thymus and thyroid glands, (c) suprarenal capsules, (d) spleen and in the bone marrow, and pituitary body.

#### STRUCTURE.

Leucocytes consist of four tissues; chromatin and achromatin, tissues of the nucleus; spongioplasm and hyaloplasm, tissues of the cell body.

The spongioplasm is a network of delicate protoplasm in the cell body which surrounds and encloses the globules of hyaloplasm.

The chromatin is also a network of delicate nuclear protoplasm, which encloses and protects its more delicate tissues: the achromatin.

#### THEIR SIZE.

They are of many sizes, the average being about 12. m. (micrometer, value) and in the normal blood there are 8000 to the cubic millimeter, counted with the Thoma-Zeiss hemacytometer.

They contain nuclein (chromatin), lecithin, glycogen, salts, and water.

#### CLASSIFICATION OF LEUCOCYTES.

At present it is based on three principles: (1) their origin (lymphocytes from lymph glands), (2) shape and number of the nuclei (transitional leucocyte, polynuclear leucocyte), and (3) affinity of the *granules* for aniline dyes, (a) eosinophile (b) neutrophile, (c) basophile.

#### VARIETIES OF LEUCOCYTES.

Are determined after being stained with Ehrlich's solution of aniline dyes; and by this method there are four varieties of leucocytes: 1 (a) small, (b) large, (c) transitional

lymphocytes (these are young leucocytes and mononuclear), (2) polymorphonuclear neutrophiles (polynuclear or adult leucocytes), (3) eosinophile (old leucocytes), and (4) basophile (mast cells).

#### I. (a) SMALL LYMPHOCYTES.

These are the youngest forms of white blood corpuscles. Its characteristic is that it has a large (in proportion to its size), very deeply stained (blue) nucleus. Often around the nucleus is a clear rim of unstained protoplasm.

They are cells varying in size from slightly smaller to considerably larger than red cells. They do not contain granules, and do not have the power of amoeboid movement.

#### I. (b) LARGE LYMPHOCYTES.

They have a round oval or vesicular nucleus (blue) and a large amount of clear protoplasm.

Their cells are several times the size of red blood corpuscles. They do not have the amoeboid movement and do not contain granules.

#### I. (c) TRANSITIONAL LYMPHOCYTES.

This form is only a further stage of the large lymphocyte. The nucleus is indented or twisted upon itself in various directions.

This cell often has a slow amoeboid movement, and is from two to three times the size of a red blood globule.

The protoplasm of these cells is usually stained with a uniformly (non-granular) light pink, and the nucleus a blue color.

### II. POLYORPHONUCLEAR NEUTROPHILES.

Synonyms—(1) polynuclear leucocytes, (2) multinuclear leucocytes, (3) neutrophilic leucocytes, (4) phagocytes, and (5) adult leucocytes.

These leucocytes are a little older than the transitional leucocyte; and contain many (polynuclear) stained (blue) nuclei, often joined together by a small filament.

Besides having many nuclei, another distinguishing point between these and the former varieties, is that in the protoplasm of the multinuclear forms many small, irregular pur-



plish or pinkish granules are seen. In Erlich's solution there is an acid stain (eosin), and a basic stain (methylene blue), and when mixed it forms a neutral stain. The granules, staining by this solution, become neutrophiles. As there are several nuclei and of many forms these leucocytes are justly called polymorphonuclear neutrophiles.

They are the most abundant of all the leucocytes and the amoeboid movement is very active. Their most important constituent is nuclein (nucleinic acid) a secretory product of the nuclei.

This variety is positively chemotactic to a high degree, and is mostly concerned in phagocytosis.

The tubercle bacillus is positively chemotactic, and is therefore, drawn towards the phagocyte, which secretes the nuclein and afterwards engulfs it. Substances which are negatively chemotactic will repel the phagocyte.

Their size varies from that of a small lymphocyte to the size of a transitional lymphocyte. It will then be observed that the leucocyte does not necessarily increase in size as it grows old.

The author has drawings of the small, large, transitional and polynuclear forms from his own blood.

### III. EOSINOPHILE.

Synonym—old leucocyte.

Eosinophile so called because the granules stain best with eosin or acid stains.

This leucocyte may be either mononuclear or polynuclear and its protoplasm contains granules (eosinophile). These granules in this variety are large and further apart than in the multinuclear form, are spherical in outline, uniform in size, and have a copper or burnt sienna color. The nuclei are light blue.

It is the most actively ameboid of all the leucocytes. Some authors state that they are never phagocytic.

### IV. MAST LEUCOCYTES (BASOPHILE).

These leucocytes are called basophile because the granules in the protoplasm stain best with a basic stain. These granules are seen in large mononuclear cells but the mast cells

form only a small proportion of all the leucocytes and are not important.

#### STAGES OF GROWTH OF THE LEUCOCYTE.

As the youngest leucocyte (lymphocyte) begins to develop the nucleus almost fills the entire cell, and stains a very deep blue, and has no granules in the protoplasm. Further along in its growth, the cell substance grows faster than the nucleus, and we see a large cell body with a relatively small nucleus and without granules. In this stage it is called the "large lymphocyte". Still later in its growth the nucleus attempts to divide by extending a portion of itself in various directions, and in this stage it is called the "transitorial lymphocyte." As the cell continues to develop the nucleus completely divides, splitting up into two or more (polynuclear) nuclei of different forms (polymorphous).

At this stage abundant neutrophile granules are found in the protoplasm of the cell—hence the name "polymorphonuclear neutrophile."

In the "eosinophile" the active principle of the nucleus (nuclein) seems to have been partly used up during its growth, and the nucleus is of a lighter color. The author, by means of a 1-12 oil immersion lens (Leitz), has watched the movement of the granules through several successive fields, and indeed they are most interesting as they go whirling among the rouleaux of corpuscles.

Holmes points out certain analogies which are individual and his leucocytes have; and he believes that if the young lymphocyte is disintegrated and possesses granules which stain with acid stains (oxyphilic), it is characteristic of degeneration and of tuberculosis; Cabot however, dissents from this opinion.

Normal per centage of each variety of leucocyte.

Young leucocytes	{	Small lymphocytes 20-30 per cent.
	{	Large lymphocytes 4-8 per cent.

Adult leucocytes (polymorphonuclear neutrophiles), 62-70 per cent.

Old leucocytes (eosinophile) 1-2-4 per cent.

Mast leucocytes (basophile), 1-4-1-2 per cent.

Ames has demonstrated that the number of leucocytes

present under normal circumstances in both the peripheral and central circulation is the same, and that within five to ten minutes after a hypodermic injection of nucleinic acid there was a noticeable increase of the total number of leucocytes in both of them. That at this time the percentage increase was more marked in the young mononuclear forms which in some instances rose as high as sixty per cent. of the whole, within fifteen minutes, while at the same time the proportion of polymorphonuclear elements was proportionately low.

According to King, an increase of the polynuclear forms (leucocytosis) takes place both in the healthy and tuberculous within three to five hours after its administration, and they disappear within forty-eight hours.

The experiments of King and Ames, with nucleinic acid, seem to *prove* that the leucocytes enter the circulation as lymphocytes and grow to maturity within a few hours, or in other words afterwards become polynuclear and eosinophiles.

#### THE MYELOCYTE.

This is another form of leucocyte only found in the circulation, during certain *diseases* as leukaemia, and advanced phthisis. Its habitat is in the bone marrow.

#### LEUCOCYTOSIS.

Means an increase in the number of leucocytes in the circulation, this increase never involving a diminution in the polymorphonuclear variety.

#### LEUCOPENIA.

Means a diminution in the number of white blood corpuscles in the circulation as compared with the number normal for the given individual.

Leucopenia is present in malarial fever; typhoid fever, tuberculosis, including miliary tuberculosis, tubercular peritonitis, tubercular pleurisy, and glandular tuberculosis.

#### FUNCTION OF LEUCOCYTES.

They have a special bearing on metabolic activity, and they (polynuclear) are phagocytic.

The youngest forms of leucocytes (lymphocytes) are not amoeboid, and *do not* take part in phagocytosis. Leucocytes

render the blood serum germicidal by virtue of their nuclein.

The normal habitat of the plasmodium malariae is foreign to that of the blood, and the organism has often been seen by the writer to be apparently dancing with "glee" within the erythrocyte.

In malarial fever there is an actual *diminution* in the number of the leucocytes instead of an increase.

Why then does not a mild malarial fever become malignant? Because there are other factors in the economy which aid the leucocytes in their work and in malaria the severity of the parozysm depends upon the amount of toxic material set free in the circulation.

*What is true of one disease of a class is true of the whole class.*

#### OTHER FACTORS THAN THE LEUCOCYTES IN THE CURE OF DISEASE.

There are physiological guards against infection and these differ in efficiency in different species of animals and these physiological germicides and antitoxins are *variable* in strength among individuals of the same species, and in the *same* individual at different times.

The natural defenders of the body against bacterial invasion; are (1) the polynuclear leucocytes (with their contained nuclein), (2) the fixed endothelial cells, (3) certain secretions of the ductless glands, and (4) a certain amount of *reserve force*.

If these barriers are broken down bacteria will rush in.

In nearly all cases where the Eberth bacilli, Klebes Loeffler bacilli, and pyogenic organisms are found in the circulatory blood are cases of *generalized* infection, *when the cells are overpowered*.

The active principle of the thyroid gland (thyroidin) for instance, is possibly both antitoxic to some toxic substance (leucomaines) formed in the body during normal metabolism, and also aids other internal secretion in regulating metabolism in other parts of the body; that from the suprarenal body does the same.

Certain processes in disease variously described as compensatory, regenerative, self-regulatory, protective, healing are included under *adaptive processes*. The underlying prin-

ciples of the operation of these factors are due to *variation*, *natural selection* and *heredity*.

The cells of the body are therefore endowed with innate properties fitted to secure physiological and pathological adoption through the agency of a *reserve force*.

#### NUCLEIN OR THE ACTIVE PRINCIPLE OF THE LEUCOCYTES.

Considerable quantities of septic material have been injected into the circulating blood without producing any deleterious effect. but after injecting larger amounts of fluid into the blood, death usually ensues in from twenty-four to forty-eight hours.

If the defenders of the body have not been overcome by the bacteria there is some substance in the blood serum which kills them.

The germicidal constituent of blood serum is nuclein.

Nuclein will kill the anthrax bacillus within twenty-four hours, and staphylococcus pyogenes aureus within forty-eight hours.

*Guinea pigs* have been rendered *immune* against tuberculosis by the use of nuclein.

Nuclein is that constituent of the cell by virtue of which it grows, develops, and reproduces itself.

It is the chemical basis of the nucleus.

Nuclein is contained in the cellular envelope of the tubercle bacillus, and it is the nuclein that holds the stain.

The number of kinds of nuclein is limited only by different varieties of cells.

Nuclein has been obtained from the thymus and thyroid glands, spleen, testicle, white of egg, and from brewer's yeast.

#### CHEMICAL COMPOSITION OF NUCLEIN.

Consists of complex proteid base and nucleinic acid, containing from 5 per cent. to 9 per cent. of phosphorus.

The terms "nuclein" and nucleinic acid" are used interchangeably as it is often impossible to obtain nucleinic acid free from the albuminous base.

#### PHYSIOLOGICAL EFFECT.

The primary and predominant effect is in the stimulation



of glandular activity, in both the healthy and tuberculous, with consequent increase in the number of polynuclear leucocytes in both the peripheral and central circulation, and *concurrently* an increase in the germicidal properties of blood serum.

In six cases of tuberculosis treated by King, he reports an average increase of 3741 polynuclear leucocytes per cubic millimeter.

He shows that the increase also occurs in the healthy individual, and reports two cases in which an increase of 14825 per cubic millimeter were counted.

#### NATURE OF ITS ACTION.

If the blood serum is increased in its germicidal effect after the administration of nucleinic acid, then why should it not be good in *all* infectious diseases?

Because nuclein has a *selective action* only over special diseases; notwithstanding, imposters of Vaughan have endeavored to make it appear otherwise.

The nature of the infectious diseases is not all alike, and the antitoxin of diphtheria is not recommended for tetanus.

Nuclein is not an antitoxin but it does seem to have a germicidal effect on the tubercle bacillus.

Nuclein is not good for every thing; it does not keep the individual always in perfect health; it does not prevent the hair from turning gray; it is *not* the *elixir of life*!

#### EFFECT ON THE PULSE.

As occasional marked increased frequency of the pulse occurs within three to five hours after a hypodermic injection of 50 minims of the 5 per cent. solution both in the healthy and tuberculous. Thus in the former, King records the pulse at 65 previous to the injection, and 84 within five hours afterwards.

In the tuberculous, in one case before the injection, the pulse was 76 and five hours afterwards 104.

In other cases the pulse may not be at all increased.

#### EFFECT ON TEMPERATURE.

In the healthy adult a rise of about one degree of temperature was noted within five hours after a hypodermic of

fifty minims of the five per cent. solution of nucleinic acid, and in the tuberculous a rise of from 1 to 2 degrees was noted.

This rise of pulse and temperature is probably in part due to the local irritation of the tissue at the point of injection.

#### ELIMINATION AND EFFECT ON URIC ACID.

There is an *increased production* of uric acid in the system due to the constant disintegration of the leucocytes which break up into xanthin bases and uric acid, and there is a consequent increase in the elimination of the alloxan group in the urine.

It may be uric acid or some other member of this group.

Nucleinic acid is not destroyed by peptic digestion and it retards fermentation in the small intestines.

#### INCOMPATIBLES.

Quinine, atropine, and the coal-tar antipyretics, are physiologically antagonistic.

Nucleins are insoluble in alcohol and should never be given in an alcoholic medium.

#### DISEASES IN WHICH NUCLEIN IS CONTRAINDICATED.

Joint pains in rheumatism have been known to become worse after administration of nuclein. The author has however given teaspoonful doses of the 1 per cent. solution and applied it externally in cases of follicular tonsillitis and with marked good effect in this disease.

No deaths have ever occurred from its administration, but in low stages of tuberculosis we should never over estimate the glands for they may fail to react on account of the lowered vitality and may even be *paralyzed*. A hypodermic injection of 100 minims of 10 per cent solution has been followed by violent reaction and from this result we may expect to occasionally meet with certain idiosyncrasies but this has proven to be very uncommon.

#### DOSE AND METHOD OF ADMINISTRATION.

While not destroyed by peptic digestion the daily hypodermic injection of 50 minims. of the 5 per cent. solution is to be preferred.

Vaughan, has mostly used the 1 per cent. solution in hypodermics of 60 to 80 minims, derived from yeast. If given by the mouth the dose must be proportionately increased.

The favorite place for the injections are the thighs, infra-clavicular, interscapular, and abdominal regions, because the skin is less tense and gives rise to less pain. The fluid should always be slowly injected. The slightly alkaline solution also seems to give less pain.

The daily hypodermic injections should be kept up for months or until the disappearance of the *physical signs* and *bacilli* from the sputum.

#### RESULTS.

Vauhan, has recently reported seventy six cases of tuberculosis in all stages, and with *no exclusions* in all of which the *bacilli* were found, and treated with the daily hypodermic injection of the 1 per cent. of nucleinic acid, and of these so treated 24 per cent. have been cured. *Cure* here meaning that the physical signs have disappeared and the bacilli have remained absent from the sputum from one month to two years. The good effect always begins within a few weeks.

Later King reports thirty-seven cases of tuberculosis in all stages of the disease treated by daily hypodermics of 50 minims of the 5 per cent. solution of nucleinic acid, and of these so treated 22 per cent. were apparently *cured*.

Some of Vaughan's cases resorted to a change of climate but in a private letter from King, he informs me that none of his cases did so.

Nuclein then is a remedy that can be used on those patients *too poor* to go away from home.

#### WARNING.

Nuclein does not produce the same happy effect in the low stages of tuberculosis (when there is a mixed infection) as in the early stages, and it is therefore most important to make a diagnosis at the earliest possible moment.

#### NOTE.

The author of this paper has drawn very largely upon the following writers; Ehrlich, Vaughan, Holmes, Wood, Cabot, King, Ames, Welch, Carter, Abbott, and Guiteras.

**British Medical Association Section of Public or  
State Medicine.**

The committee in charge, Dr. Wyatt Johnston, and Dr. Elzear Pelletier, No. 76 Saint Gabriel street, Montreal, have announced the following questions for discussion at the meeting at Montreal, August 31st to September 3d:

“(a) The relationship of the Public Officer of Health to the Registration and Certification of Death in his district.

“(b) The variation of Type in Zymotic Diseases in different Epidemics and Periods of Seasonal Prevalence.

“(c) The Duties and Responsibilities of the Sanitary Authority in regard to the Prevention and Treatment of Infective Diseases by Methods of Inoculation.

“(d) The Prevention of Malaria.

“(e) The Control of Venereal Diseases by Restrictive Legislation.

“(f) Utility or Quarantines, as now conducted (inspection, disinfection and isolation stations) in certain countries at least.

“(g) How far should mandatory measures go in dealing with (1) measles; (2) whooping-cough; (3) tuberculosis; (4) leprosy.

“(h) Water-supplies; (1) their protection (treatment of sewage, sewage farms), (2) their purification by filters or other processes.

“(i) Comparative value of methods of disinfections.

“(j) Hygiene of infancy, with special reference to the restriction of mortality among children brought up: (1) at home; (2) in institutions.

“(k) School Hygiene.”—*Medical Review of Reviews*.

# Southwestern MEDICAL RECORD.

---

All communications for the editors, original contributions, exchanges, books for review, etc., should be addressed to SOUTHWESTERN MEDICAL RECORD, Houston, Texas.

All communications of a business nature, all money orders, drafts, checks, etc., should be addressed and made payable to ROBT. T. MORRIS, M.D., Secretary, Houston, Texas.

The editors are not responsible for the statements or opinions of contributors.

*To Contributors and Correspondents.*—Original Articles, Clinical Reports, Correspondence upon subjects of General or Special Interest, News Items, etc., are solicited from members of the profession everywhere

---

Entered as second class mail matter at the Postoffice at Houston, Texas.

---

## EDITORIAL DEPARTMENT.

---

### **A Post Graduate School at Dallas.**

ON the eleventh of June last, at the Windsor Hotel, Dallas Texas, several physicians of that place met for the purpose of devising ways and means to establish a Post Graduate School.

It is with unusual pleasure that we make note of the above and only hope that the good beginning will be brought to a fruitful issue. We bespeak for them abundant success and



ever promise to extend the helping hand to any man or any set of men that put forth laudable efforts to become more than what they are.

The benefit that a school of that character would be to the profession of Dallas and the state, can hardly be estimated.

Even though it should be a small school and poorly patronized for some years; still the influence it could exert upon its own faculty and the profession in this locality, would be such that their patients would rise up and call them blessed.

No man nor any set of men, no matter how self-opinionated, are going to attempt to teach graduates in medicine without first giving more than average attention to the subject they profess to teach.

It is not in human nature for men voluntarily to make a laughing stock of themselves, and these teachers will, consequently, be pioneers in advanced medical thought.

Of course, in this day of tirades against medical schools, some pessimistic brother is going to cry down the enterprise. This is to be expected—there were Tories during the Revolution. They are like weeds; we expect them and treat them accordingly.

What Dallas undertakes she ordinarily accomplishes, and we hope the rule will be followed in this instance; for in conversation with a gentleman, recently from New York, we learn that the profession there continue to look upon Texas as a verdant field, and the profession far behind that of other Southern states.

One prominent surgeon there, considers the Galveston Houston District so particularly callow, that he proposes to open a winter office in one of the two places.

How much of this is idle rumor of course we are unable to say; but you must remember “that straws show which way the wind blows,” and that a good many patients do drift to New York.

So, success to the Dallas enterprise, if for naught else,  
for honors sake. R.

---

**Defeat of the Association  
Bill and Passage of Oc-  
cupation Tax on Phy-  
sicians and Surgeons.**

A FEW words tell the fate of the Association Medical Bill. It had passed the Senate, but when it reached the House it was like the man in the coffin, "dead in it." A sad, but nevertheless

unfortunately true occurrence.

These (in the House) gentlemen of "eagle eye and massive brain" accomplished something more heroic than the mere ambushing of a medical bill, whose passage was far more important to the protection of the general public than beneficial to the medical profession. They failed to accept the committee report on House Bill No. 24, amended by striking out subdivision 14, page 4, reading "from every local practicing physician, surgeon, veterinary surgeon or any medical or surgical specialist, an annual tax of \$5.00." This action of the House is not highly commendable and does not intimate an appreciation of the unremunerative services of the medical fraternity to the poor throughout the state, or hardly suggests the intent that the individual member felt no dislike to place his family doctor, the retainer of his family secrets, in the same category with foot-peddlers, circus men, etc.

This subdivision was also passed by the Senate for no stronger reason than that of the school boy, "I want to go home," and several others of equal importance. It should be borne in mind by those contemplating the practice of medicine in Texas that this law merely relates to the occupation tax and does not in any way conflict with or modify the medical law now in use (?) stipulating the manner in which grad-

uates of medicine possessing a diploma shall comply with certain requirements before they can legally practice medicine, and that the mere payment of this occupation tax does not entitle a physician to practice.

Dr. F. E. Daniel's (*Texas Medical Journal*) ulcer of antipathy for *any* consideration of the constitutional rights of the homeopathic physician to practice medicine in the State, has broken out again and is discharging copiously. We had hoped that cicatrization had taken place and a permanent cure affected, as the result of his usual liberality of thought, and of observing the experience of the profession in other States where hard and long continued battles have been fought, and lost, simply because the profession had attempted to refuse the rights of practice to other schools which it claimed for itself. We shall go even further, and say, that we are extremely sorry to read (and it is quite apparent) that Dr. Daniel either does not know, or purposely refuses to recognize or even refer, to the rights of the citizen in this matter. This question is not solely of interest and applicable to physicians, but is a question in which the rights of the tax payers are in danger. The Constitution of the United States accords the right of free speech, free press, etc., to every man alike; he has the privilege of selecting his own church or school, or his own lawyer, and hence he must be permitted also to use his constitutional right in selecting his own family physician. If our friend, Dr. Daniel, considers the defeat of the Association Bill, and his efforts to legislate against all physicians who are not of the "old school," "a blessing in disguise," we fail to see the "blessing," probably because the "disguise" is too genuine, nor can we discern the "blessed." Again, the issue is not one of the "old school" vs. the "new school," but is that we, as gentlemen and graduates in medicine, permit gentlemen and graduates in medicines the right and protection we claim for

ourselves; and furthermore, tender to the citizen of the State of Texas the privilege to select his physician, no matter to which school he belongs, as long as he is a gentleman and a physician. Class legislation is always inimical to progress and development, and hence any pet or fondled scheme to exclude others than members of the regular profession from the practice of medicine in Texas, produces dissension; misrepresents the fair and liberal aspect of the situation and tends to seriously retard and interfere with medical progress, and, furthermore, is antagonistic to Sec. 31, Art. XVI of the Constitution of the State of Texas, which reads: "The legislature may pass laws prescribing the qualifications of practitioners of medicine in this State, and to punish persons for mal-practice, *but no preference shall ever be given by law to any schools of medicine.*"

J. A. M.

---

#### An Unusual Case of Amaurosis.

S. C. RED, M. D., HOUSTON, TEXAS.

A Hebrew youth, twenty-one years of age, usually strong and vigorous, presents himself with the following history:

While walking along the streets of a neighboring town he was suddenly affected with blindness and immediately thereafter lost consciousness. His associates carried him to a store near by and administered restoratives, which were effective in all but the restoration of vision.

A physician, who was called, prescribed a purgative, that had already acted well when he arrived in Houston.

When seen by me at 5 o'clock p. m., six hours after the attack, I obtained the above history, with the addition that his parents were both living and in perfect health, that there was no hereditary disease in the family, that he had never been sick before, and that he had escaped venereal diseases of all kinds.

His face was flushed, eyes staring, tongue coated, skin moist, bowels and kidneys acting finely and a temperature

of 103, with pulse at 90 beats per minute. Vision absent in both eyes. The diagnosis was malaria, with accompanying anemia of optic thalamus, resulting in temporary amaurosis. Treatment—antimalarial.

Forty-eight hours after the attack, the patient's vision returned with as much suddenness as it had gone (a result gratifying alike to patient and physician).

By the fourth day his convalescence was complete and he was enabled to go about his usual duties. Though urged by me, he failed to have an ophthalmic examination made, possibly from that stubbornness that some young men affect, viz: "Oh, I am all right."

This failure is much regretted by me since it is the only omission in an otherwise complete history of as unique a case as has come within the range of my experience.

---

## COMMUNICATIONS.

Editors of Southwestern Medical Record, Houston, Texas.

Allow me to ask through your journal if any of its many readers have seen, or have reliable information of an instance of "congenital absence of the penis, the urethra discharging into the rectum, or through the perineum." This information is especially desired where known of in this state. Let any one in possession of such information report the facts through the RECORD, or if they prefer, to enter into a correspondence with the undersigned, and all information will be accorded the original observer in a national report of this apparently rare malformation.

Respectfully,

J. O. WILLIAMS, M. D.

Houston, Texas.

---

## SOCIETY PROCEEDINGS.

Mississippi Valley Medical Association.

Meeting at Louisville October 5-6-7-8, 1897.

The Executive Committee met recently at Louisville, in



conjunction with the local Committee of Arrangements, the following being present: Drs. Stucky, Grant, Mathews, Love, Holloway and Reynolds. It was determined to make the coming meeting the largest and best in the history of the Association, and everything points to a fulfillment of this endeavor. The railroads will make a round-trip rate of one and a third fare, or probably one fare. The address on Surgery will be delivered by Dr. J. B. Murphy, Chicago; the address on Medicine by Dr. John V. Shoemaker, Philadelphia. Title of papers should be sent to Dr. H. W. Loeb, Secretary, St. Louis, Mo.

---

## FROM OTHER JOURNALS.

### **A Case of Accidental Rupture of the Non-parous Uterus.**

Accidents during curettage of the uterus in the non-parous woman often furnish evidence of the indiscriminate and careless use of this instrument. That curetting the uterus is a most valuable operation in many forms of uterine disease there can be no question; neither can it be doubted that it is done too often without proper indications and without proper observance of asepsis or technique.

Many practitioners consider this operation so trivial that it is done with the patient drawn across the bed, with an anaesthetic and without assistance. Such curettements not only subject the patient to accidents, but are seldom of curative value, often times being followed by pelvic suppuration.

Mrs. Tiny B. was admitted to my service at the Eastern District Hospital, April 21st, 1897. Her condition was one of acute anemia and shock. The following history was obtained from her attending physician:

The patient was a widow, aged 21, and had had two children, the last five months ago. The labor was in every way normal, save for a slight unilateral laceration of the cervix; her convalescence had been aseptic and satisfactory. On April 21, while dilating the uterus with a Goodell-Ellinger dilator, preparatory to a curettage and trachelorrhaphy, the dilator perforated the posterior wall of the womb just

above the internal os. This accident being unnoticed, and desiring to secure good dilation and drainage, the stretching was continued through the false passage until a diameter of one and one-half inches was obtained. A smart hemorrhage first called the operator's attention to the accident, when he found that a loop of intestines had passed through the rent in the uterus into the vagina. Alarmed and horrified by his discovery the physician replaced the prolapsed gut and lightly packed the vagina with gauze. An ambulance was summoned and the patient transferred to the Eastern District Hospital. On admission the patient was semi-comatose; there was no radial pulse, the breathing was rapid, shallow and sighing, the skin blanched and cold and the pupils widely dilated. The amount of bleeding from the vagina was so slight that time was given for reaction from shock before any active interference was undertaken. The patient was placed in the Trendelenburg position and surrounded with hot bottles, care being taken to heat applied over the precordia and a hypodermic of morphia administered (no diffusible stimulants were given). Her condition immediately improved, so that when seen by the writer one and one-half hours after the accident her radial pulse was 130, soft and compressible, the skin was warm and moist, and the respirations even and but thirty to the minute. At 1:30, just two and one-half hours after the rupture had occurred, ether anæsthesia was begun, and after hurriedly sterilizing the parts, the vaginal packing being withdrawn. A triple laceration of the cervix was exposed. The two posterior rents bisected the uterus into an anterior and posterior segment and entered the peritoneum just posterior to the broad ligaments, while the anterior tear ran up into the vesico-uterine space, but did not involve the body of the uterus. A knuckle of intestine presented through the posterior tear. The bleeding was comparatively slight, much less than might be expected from such an injury. A rapid hysterectomy by the vaginal route appeared to offer the best prognosis. After ligating the uterine arteries all bleeding ceased, but the patient's condition was so extreme that the operation was discontinued and a twist gauze drain carried through the rent in the uterus into Douglas' pouch. The work had consumed only seven min-

utes and was done with patient's buttocks elevated fifteen inches. This elevation was increased and a venus infusion of thirty ounces of a hot normal saline solution put into cephalic vein. Strychnia and morphia were administered hypodermatically, and a fair reaction followed. She regained consciousness, but died fourteen hours later.

The autopsy showed an abdomen containing no clots or free blood.

The rent divided the uterus transversely, continuing up from the two latero-posterior tears in the cervix to within three quarters of an inch of the fundus, making the posterior segment of the uterus V-shaped with the point up. The uterus was in marked anteflexion; both tubes remained attached to the anterior segment of the womb. A loop of ilium some twelve to fifteen inches long presented the only evidence of inflammation. No fresh lymph had been thrown out around the gauze drain.

It is with the hope that the foregoing history may serve as a warning to those members of the profession who are in the habit of curetting the uterus through a bivalve speculum without drawing it down with a fixation forceps, and so straighten out a sharply flexed canal, that this case is published.—*John Osborne Polak, M. D., Brooklyn, in Medical Review of Reviews.*

---

## NEWS AND MISCELLANY.

Neurasthenia, biliousness or senility, which? Dr. Daniel speaks of the RECORD as the "Southwest Texas Medical and Surgical Reporter."

Is it really true that medicine is at a standstill? Without doubt, there has been great progress in surgery. Morton and Simpson, Pasteur and Lister are the heroes of a revolution. But, is the use of ether or chloroform and cocaine and carbolic acid and bi-chloride of mercury, not applied to medicine? There is even a possibility that medicine has given to surgery a liberty that is in danger of degenerating into a license. It is easier to be a good surgeon than a good physician. A really accomplished surgeon must also be an expe-

rienced physician. Because medicine in its progress has not taken the direction it was expected to take, does not prove that it has not preceptibly advanced. Bacteriology has lifted disease out of the province of the inscrutable, and is teaching us how intelligently to remedy its evils, and to provide for its extinction. If a more rational view of the possibilities of therapeutics, and of the management of diseases and its prevention, do not constitute progress, then, indeed, medicine is stationary.—*The Post Graduate*.

Even in Germany, the physical deterioration from beer-drinking is beginning to be recognized in athletic clubs—as of course it has always been by professional trainers for athletic contests, in England and America. We learn from the *Journal of Hygiene* that three clubs of Leipsic students have abandoned the morning drinking-bout, and that several other university clubs are about to take the same step.—*Modern Medical Science*.

A writer in one of our medical exchanges maintains that bicycling is very "beneficial to young girls who are developing into manhood." It certainly helps them along that way.

Circulation.—It has been calculated that, assuming the heart beats 69 times a minute at ordinary heart pressure, the blood goes at a rate of 270 yards in a minute, or seven miles an hour, 168 miles a day and 61,320 miles a year.—*Health Journal*.

The editor of the *Hot and Cold Medical Journal*, published at Austin, says: "Dr. Red . . . . compares the State Medical Association to a 'dog that's down.'" He meant to say: that the doughty Daniel wants to down.

Dr. W. A. Wood, Hubbard City, spent part of the summer in New York, visiting the various clinics. There must be an appreciative public at Hubbard City for this is the doctor's third trip in five years.

The next annual convention of the American Medical Association will be held in Denver, Colorado, with Dr. George Sternberg, Surgeon-General U. S. Army, as President and Dr. J. M. Mathews, of Louisville, as Vice President.

*Dr. Lusk is Dead.* Dr. William T. Lusk, for many years Professor of Obstetrics in Bellevue Hospital Medical College, died in New York June 12th, at the age of 58 years. He died suddenly, of apoplexy. Dr. Lusk's fame as an obstetrician extends all over the world wherever medicine is taught and intelligently practiced. Last month passed two of America's greatest teachers of medicine, Dr. J. Lewis Smith and Dr. William T. Lusk, on to the future.

Dr. J. Lewis Smith, of New York, an authority on diseases of childhood in America, died in New York City on June 9th, at the age of 70 years.

Dr. J. W. Scott, returned from New York City to Houston, on July 1st, after having spent two months most pleasantly and profitably in that great medical center.

Dr. J. H. Morrison, of Hempstead, Texas, was in Houston last month and remembered the RECORD with a call.

A number of Houston physicians are out of the city on a vacation; among those absent are Dr. R. W. Knox, who is at Ft. Davis, Texas, Dr. J. R. Stuart, at Warring, Dr. J. A. Mullen, at Ft. Davis, and Dr. R. T. Morris, is at Sour Lake.

In the May number of the RECORD the editors offered as a prize to the student sending in the largest number of paid subscribers accompanied with money, a scholarship for a year in the Medical Department of Ft. Worth University. Up to the present time the RECORD has not received a single subscriber sent in by a competitor for this prize. This prize will be awarded if but a single subscriber is received. This is a good opportunity for any of the students who have been attending this school, or any one who may wish to attend by a small effort to secure a year's tuition. Send in your subscription, boys. Your subscription must be sent in every month.

---

DOCTOR: Your library is not complete without the *Hypnotic Magazine*. Cost of this handsome monthly, including premium book on "Suggestive Therapeutics," is only ONE DOLLAR (\$1.00) a year. THE PSYCHIC PUBLISHING CO., 56 Fifth Avenue, Chicago.



## BOOK REVIEW.

"Who shall dispute what the reviewers say?  
 Their word's sufficient, and to ask a reason  
 In such a state as theirs is downright treason."

—CHURCHILL.

**HYSTERIA and Certain Allied Conditions: Their Nature and Treatment, with special reference to the application of the Rest Cure, Electrotherapy, Hypnotism, etc.,** by George J. Preston, M. D., Professor of Diseases of the Nervous System, College of Physicians, Baltimore; Visiting Physician to the City Hospital; Consulting Neurologist to Bay View Asylum, The Hebrew Hospital, The Church Home and Infirmary, etc.; Member of the Medical and Chirurgical Faculty of Maryland, The American Neurological Association, etc. Illustrated. Price \$2. P. Blakiston, Son & Co., 1897.

This book of 298 pages is a masterly presentation by an able author of a subject that is of interest to the entire medical profession. Hysteria is a disease upon which much is written, but the treatment of this disease has always been so unsatisfactory and the numerous patients in the hands of almost every physician, makes the doctor anxious to receive all the latest and best in regard to pathology and treatment of this disease. We think any physician who will carefully read what Doctor Preston has presented in this book will be well paid for the doing in the treatment of his first case of hysteria thereafter. Doctor Preston presents the subject in a practical and concise manner in eleven chapters, as follows:

I. Historical.

II. The Nature of Hysteria; Etiology and Pathology.

III. Symptomatology.

IV. Disturbances of Motion, Tremor, Contracture, Paralysis.

V. Convulsive Attacks; Major and Minor Attacks.—Hystero-Epilepsy.

VI. Mental Condition in Hysteria.

VII. Visceral and Vasomotor Disturbances.

VIII. Differential Diagnosis.

IX. Treatment.

X. Electrotherapy.—Hydrotherapy.—Massage.

XI. The Rest Cure.—Hypnotism.—Surgical Interference

in the Treatment of Hysteria.

We are disposed to offer but one criticism upon this work. At the beginning of his chapter on Treatment (page 221), Dr. Preston says: "In considering hysteria, whether from the standpoint of diagnosis or of treatment, the fundamental idea is that the disease has its seat in the higher centres of the brain, and that the bodily manifestation—*anesthesia*, *hyperesthesia*, *contractures*, *paralysis* and like symptoms—depend for their existence upon the imperfect working of these higher centres." In this we agree with Dr. Preston, but in his remarks on diet (page 269) he uses the following language: "In a short time the patient is able to take a full diet, which should consist of a cup of black coffee in the morning upon awakening. In an hour, breakfast, which should be generous."

Now, if hysteria is a disease of the higher centres of the brain, why give the black coffee on an empty stomach? Why give it at any time? It is contrary to our experience.

We can most heartily recommend this work of Dr. Preston to the profession, for we feel they will be many times repaid for a careful reading of a work on so interesting a disease, to every man in medicine.

B.

---

#### REPRINTS, PAMPHLETS, ETC., RECEIVED.

Should the State take action to regulate the administration of "*Anæsthetics?*" by H. J. Boldt, M. D., of New York, Professor of Gynecology in the New York Post Graduate Medical School and Hospital, Gynecologist to St. Mark's Hospital and the German Poliklinik. Consulting Gynecologist to Beth Israel Hospital.

"*Ectopic Gestation,*" by H. Boldt, M. D., Professor of Gynecology in the New York Post-Graduate Medical School and Hospital; Gynecologist to St. Mark's Hospital and to the German Poliklinik; Consulting Gynecologist to Beth Israel Hospital, etc.

Original Methods for Detecting and Measuring "*Abduction*" and "*Adduction*" of the Thigh; by Phil Hoffman, M. D., of St. Louis, Mo.

## PUBLISHERS' NOTES.

TO PHYSICIANS.—When over in the first ward you can have your powders dispensed in elegant cachets or wafers by writing, Ft. Cachets, on your prescriptions and sending them to Richards drug store, 1718 Houston avenue.

The remarkable collection of Mineral Waters, known as Sour Lake, is situated in Hardin County, Texas, about eight miles from Sour Lake Station, on the Texas and New Orleans Railway. The Lake is located in a lovely spot. and is surrounded by a grove of stately old oaks, maple, sweet gum, etc., which afford a delightful shade, and a cool breeze blows continually from the south. The waters of the Lake have a strong acid taste, and close around it are thirteen separate and distinct springs, each one furnishing a different mineral water. The lake is studded with bubbling gas jets, which impregnate its waters, and a mineral healing tar oozes up out of the ground and floats upon the surface of some of the Springs. This is collected, and is used in the treatment of all kinds of Skin Diseases, Ulcers and Scrofulous Sores. Both the gas and the tar burn with great brilliancy when ignited. See ad in this issue.

IMPERIAL GRANUM.—The following letter, just received by the Imperial Granum Company from the publisher of one of the most influential of American medical journals, must certainly be most satisfactory to the manufacturers of that sterling food preparation: ‘‘Beginning with the grip. I ended up with a severe attack of gastric fever. This gave me an excellent opportunity to test Imperial Granum, and I assure you it was a great pleasure to have something that was at once so pleasant to the taste, so nourishing and so grateful to a delicate stomach. After being compelled to abstain from food for three or four days, I partook of the Imperial Granum quite freely, without the least disturbance of the stomach. As we have had much experience in dealing with delicate and sensitive stomachs, we thought it very remarkable that any food should prove so nourishing and yet could be taken so freely under such circumstances. I was glad to have such an opportunity to test your food, and I shall always be glad to recommend it.’’

# *Southwestern Medical Record.*

*A Progressive Monthly Journal of Practical Medicine and Surgery.*

---

VOL. II.

SEPTEMBER, 1897.

No. 9.

---

## **Contra-Indications to the Use of Coal-Tar-Derivatives.\***

BY B. F. CALHOUN, M. D., BEAUMONT.

Mr. President, and Gentlemen of the South Texas Medical Association:

There is no one class of drugs which has been used so extensively, and with so little regard to the pathological effects, as what is known as the "Coal Tar Derivatives." Their praises have been sung in all lands and all climes by the laity, as well as by the medical expert versed in all the intricacies of medical science. If, by sounding the note of alarm, I shall succeed in checking this almost indiscriminate use of a class of drugs which is so potent for evil, then my object for writing this brief paper will have been accomplished. In referring to the series of coal-tar derivatives, I shall refer to but three as representatives of the whole, as I consider the physiological action, as well as the pathological effects of each of these, to be almost identical. The three to which I refer are acetanilide, phenacetine and antipyrine, and from their very general use by the profession they may

---

\*Read before the South Texas Medical Association, at Galveston, May 14th, 1897.

be considered as representatives of their class. It will be impossible for me to even refer to the long list of diseases in which one or the other of these preparations have not been given. The principal action of medicinal doses of these drugs whether given as an antipyretic or as an analgesic, seems to be through the medium of the blood acting upon the nerve supply. They are destructive in their actions, causing a disintegration of the red blood corpuscles, which are oxygen carriers, and we thus have an accumulation within the blood of carbonic acid. This, acting upon the nerve centers, lessens pain, reduces the temperature, and causes the patient to experience a sense of well-being altogether out of proportion to the gravity of his condition. The symptoms are misleading, and the doctor is unable to correctly judge of the future progress of the case until, perchance, when the sands of life are almost run, he awakens to a realization of the fact that his patient is tottering upon the verge of the grave. The picture which I have drawn is not a visionary one. You gentlemen of experience and observation can verify the truth of my statement in numerous instances, and the wise man, when he discovers that he is treading on dangerous ground, will retrace his steps, until he finds that he is upon a safe and sure foundation. The evil effects of these drugs, in some cases, are not manifest until they have been administered for a protracted period. These are principally of a nervous type, and there is no rise of temperature. The silent agent gets in his work, however, just as effectually.

The cry for food on the part of the nervous system is disregarded, and as a result of the frequent calls for relief of pain and a frequent resort to the drugs, life itself becomes a burden, and thus the unhappy victim passes the remnant of his life. In other cases, the evil effects of the drug are soon manifest, and are principally in those diseases characterized by a rise of temperature; chief among these are pneumonia, typhoid fever, acute rheumatism, influenza and malarial fevers. I wish, gentlemen, more particularly, to offer a protest against the use of these drugs under any circumstances in any of the stages of pneumonia, especially in croupous pneumonia. With a failing heart, and imperfect oxygenation of the blood, I regard these drugs as positively dangerous,



and they should never be administered. With the blood surcharged with poisonous elements, and a dilated right heart laboring by day and by night to safely tide the patient over the crisis, it is simply suicidal, or I might say homicidal, to administer drugs which are destructive to the vital fluid and paralyzing to the heart muscle as well. Likewise, in typhoid fever, characterized by high temperature, I have known it to be a favorite practice with some physicians to administer one or the other of the coal-tar derivatives, to be repeated as often as necessary, to control the fever during the course of the disease. I will admit the injurious effects of these drugs is not so manifest in this disease as in pneumonia, yet we have the same destructive influence, and a weak heart, and on account of the natural tendency to impoverishment of the blood, is it not reasonable to infer that their continued administration can only work disastrously to our patient; is it not best, in the interest of our patient, to reflect somewhat on what will probably be the remote effects of our remedies, rather than some apparent good effect, which in our desire to do something, we are led to employ? The same objections will apply in malarial fever, however, with addition in malarial diseases of the coal-tar preparation, certainly exercises no antiperiodic influence, although it controls the febrile paroxysms to a great extent. We have here remedies which approach what may be termed specifics, and it is the height of folly to be tampering with drugs which have no curative properties, instead of giving the specific remedy and at once curing our patient. In acute rheumatism, there is danger of heart complication, and when death results it is on account of this complication. Here, then, would be a contraindication to use of these drugs. I would say, however, in this connection, that when combined with the salicylates they seem to give better results in acute articular rheumatism than in any other of the diseases just mentioned. They not only relieve pain, but likewise reduce fever, and the patient is thus placed in a condition of comparative comfort. This being a disease of short duration, I am not prepared to say but that some cases are benefited by the exhibition of one or the other of these drugs. The much lauded headache cures of to-day, that the laity use so promiscuously, are composed of one or the other of these drugs; how many of them know when they are suffering with a dilated or fatty heart? In conclusion, I will say that I believe he uses to which we can apply these remedies are limited and under no circumstances should they be administered except with extreme caution.

**\*Ligations of the Common Carotid.**

DR. ROBERT T. MORRIS, HOUSTON, TEXAS.

The following cases are reported for the purpose of showing the improvement in surgical technique, the lessened mortality and the more recent views in regard to the ligature material most suitable in ligations of the common carotid artery. While the number of cases is not sufficiently large to warrant absolutely accurate conclusions, we may, with all due propriety, consider them a weather-vane, showing in which direction the surgical wind is blowing.

CASE I.—April, 1888, Matas, New Orleans. Negro man nearly 80 years of age. Arteries all atheromatous. A large spontaneous aneurism of the right common carotid, involving the bifurcation and trunk, to a point two inches above the origin of the artery. Owing to the bad condition of the arterial system, together with the age and habits of patient, the artery was tied between the sternal and clavicular heads, under the influence of cocaine. Silk used. Recovery, aneurism became hard and much smaller.

CASE II.—Aug. '90, Matas, New Orleans. Negro man, age 60 years. 8 months previously noticed a small, pulsating tumor near root of neck, just above the sternal notch, which developed into an arterial varix, extending from origin to a point one inch from bifurcation. The operation exposed a large, tortuous trunk, which evidently originated deeply in the chest; it ascended obliquely upward until it touched the left carotid sheath under the edge of the left sterno-mastoid muscle. There the large dilated vessel became suddenly contracted, and forming a curve, folded on itself and returned over the trachea, and returned to the right carotid region, where it terminated in a normal carotid artery that bifurcated at the usual level. The vessel had the caliber of a large, innominate trunk. A silk ligature was applied just below the bifurcation and another over the middle of the varix itself. Recovery, with apparent improvement in the aneurismal condition.

---

\*Read at South Texas Medical Association, Galveston, Texas, May 14, 1897.

CASE III.—Matas, New Orleans. White man, 35 years of age, suspected aneurism, 6 years previous noticed swelling in throat, which gradually increased in size. Tumor hard, but pulsated. Compression of common carotid caused complete arrest of pulsation. Ligated at point of election on right side. Probable condition tonsillar fibro-adenoma. Two years later, tumor still remains smaller in size; no pulsation.

CASE IV.—1890, R. Winslow, male, 26 years of age. Suspected innominate aneurism. Right common carotid ligated as well as right subclavian. Cat-gut used; no cerebral symptoms. Marked improvement.

CASE V.—Sept. 21, 1890. W. W. Bailey, Fort Smith, Ark. Girl 13 years of age; 4 years previous hit with an umbrella rib in and above the inner canthus of right eye, producing a pulsating tumor in orbital cavity. Aneurism of ophthalmic. Silk ligature; came away in 40 days. No cerebral symptoms.

CASE VI.—June 26, '94. W. D. Hamilton, male, 19 years of age. Cirroid aneurism of right external carotid and branches, existing since childhood. Point of election; silk; cure.

CASE VII.—Sept. 7, 1894. Willy Meyer, New York. Suspected aneurism. This case is so instructive that I will quote fully from a letter from Dr. Meyer. Male, 54 years of age; family history negative; 13 years previous noticed a small swelling on the left side of the neck, which slowly grew and was early diagnosed as an aneurism of the left common carotid. For the past two years previous to operation, the tumor became enlarged more rapidly. Internal treatment without avail. Patient had at times coughed up blood. No symptoms of tuberculosis.

Stat. praes: On the left side of neck is a pulsating tumor, which extends from the ear and mastoid process down to one finger's breadth from clavicle. Pulsation of carotid cannot be felt below the tumor. Left lobe of thyroid gland is situated in front of aneurism. Pulsation of the tumor is plainly eccentric; a loud bruit is to be heard in the tumor, and the thrill plainly to be felt. Diagnosis, aneurism of common carotid.

The artery was tied with silk, between the two tendons of the sterno-cleido-mastoid muscle.

No outward effects from operation. Primary union of wound. Thirty-three days after operation patient died from deficient respiration. Pulse remained good until the end. Autopsy showed no aneurism, but a soft tumor of the thyroid gland, through the center of which ran the undisturbed carotid. There was also a metastatic growth in the body of the first and second dorsal vertebra.

CASE VIII.—April 17, 1895. F. L. Lapsley, Louisville, Ky. Male, 33 years of age, was shot with pistol; three weeks later secondary hemorrhage, necessitating a ligation of left common carotid artery. Tied with silk at level of cricoid cartilage. Complete and uneventful recovery.

CASE IX.—Jan., 1895. A. H. Ferguson, Chicago. Personal letter. Male, 28 years of age. Tumor of right side of neck, diagnosed lympho-sarcoma. Tumor about the size of egg and adherent to common carotid, which was removed with two inches of the common carotid. The jugular vein was also ligated. Cat-gut material used. Twelve hours after operation, left hemiplegia developed. Twenty-four hours later patient died in deep coma.

CASE X.—Dr. J. B. Roberts, Philadelphia. Personal letter. Male, tri-facial neuralgia. Common carotid tied on right side with cat-gut. Recovery uneventful. No cerebral symptoms. Neuralgia returned after lapse of one year.

CASE XI.—1895, Cartledge, Louisville. Personal letter. Male; carcinoma of pharynx. The common carotid was ligated with medium sized cat-gut, primary to an excision of superior maxillary, palate bone, tonsil and part of lateral wall of pharynx. No cerebral symptom. Eleven months later, evidence of recurrence of growth.

CASE XII.—July 30, 1895. E. C. Carter, U. S. A. Male, 23 years of age. Aneurism under left angle of inferior maxilla, result of gun shot wound. Left common carotid tied with silk. No cerebral symptoms. Ligatures came away three months later.

CASE XIII.—John B. Roberts, Philadelphia. Personal letter. Male, tri-facial neuralgia. Common carotid tied





knife entering the fossa of the helix of the ear, coursing downward, injuring the concha, making a punctured wound a little anterior and below the external auditory meatus. Below the lobule of the ear was a tumor about the size of a hen's egg, pulsating vigorously, causing the lobule to move to and fro, synchronous with the heart's action. The night following the injury there was considerable hemorrhage from the nares.

In view of the fact that the tumor was increasing in size and that the assumption was probable that one of the large vessels was injured, we deemed an operation advisable. Accordingly, on above date, assisted by Drs. Scott, Cunningham and Cronin, the operation was performed.

A provisional ligature was placed around the left common carotid, at point of election, with the idea that a ligation of ext. carotid would suffice. After ligating the external carotid, the sac was opened, but the hemorrhage was so profuse that the temporary ligature on common carotid was made permanent. Introducing the finger in the sac the course of the knife was readily followed toward the pharynx along the side of the external angle of the inferior maxilla. Silk was used in ligating. On day following operation, patient fainted while defecating, otherwise, the recovery was uneventful, excepting the irritation resulting from the ligation around the external carotid, necessitating an operation for its removal. Along the line of incision, at the seat of injury, and where the sutures were inserted, are keloids, which are portrayed very clearly in the wood-cut. They are increasing in size and very disfiguring. The patient is now rolling freight at a R. R. depot and is strong as ever, only worried by the fact that there is no arterial pulsation on one side of his head.

A short resume of the above cases will show that of the 16 cases, 12 were males, 2 females, 2 not mentioned. Right side ligated 9 times, left 5 times, 2 not mentioned. Conditions requiring operation were as follows: Aneurisms, 8; secondary hemorrhage, 1; tri-facial neuralgia, 2; tumors, 5, but two of the tumor cases were operated upon as suspected aneurisms. Cat-gut was used in 6 cases; silk in 9. In the cases in which silk was used, the ligature came away af-

ter 3 months in one of the cases; 10 days in another; and was removed in 3 months in a third.

MORTALITY.—Wyeth, in his prize essay of '78, says: "I cannot conclude the surgical anatomy of these arteries without protesting, with all the earnestness I may possess, against the operation of tying the common carotid for lesions of the external carotid, or its branches, when this last vessel may be ligatured." The death rate after ligation of common carotid is 41 per cent. That of the ext. is 4 1-2 per cent. Asepsis and antisepsis, absorbable ligatures, and the present method of tying the vessel, have produced a wonderful decline in the mortality. Fengerat, at the American Surgical Association, in 1896, estimated the mortality from carotid ligations to be 18 per cent. This includes aneurisms, gun shot wounds, etc. When vessel not injured, 5 per cent.

Volumes could be no more convincing of the advancement of surgery than the above figures. Among the 16 cases tabulated, there were two deaths; one 48 hours after operation, patient dying in a comatose condition with left hemiplegia. The other case died 32 days after operation, from a malignant growth of the thyroid gland and of 2d dorsal vertebra. So, as a matter of fact, there was only one death resulting from the operation, making a mortality of 6 1-4 per cent. In the above cases reported, the walls of the vessel were unaffected.

LIGATURE.—The material to be used in ligating the large vessels, is of paramount importance and unfortunately, but as usual, the authorities differ. The ideal ligature, in my opinion, must answer the following requirements: 1st, It must be of such a character that it can be rendered aseptic; 2d, It must be non-irritating; 3d, It must be absorbable. There are only three ligatures worthy of consideration, viz.: silk, cat-gut, and kangaroo tendon. Silk has always and will continue to have many able advocates, owing to the fact that it can be rendered completely aseptic without weakening the material, but its non-absorbability and sometimes irritating properties, are strong objections.

Marcy says: "The general verdict of surgical opinion, and it has certainly been often repeated in my experience, is that aseptic silk, aseptically applied, may become incorpo-

rated in the tissues, but remain encysted, and after a considerable lapse of time, cause irritation and be expelled as a foreign body.''

In Tillman's Principles of Surgery and Surgical Pathology, we find the following: 'I prefer, for ligatures of the large arteries, aseptic silk to cat-gut, as the latter may be absorbed too quickly. Moreover, silk can be sterilized by boiling, with greater certainty than cat-gut.''

Wyeth says: 'The conditions which would justify the application of silk, or any non-absorbable ligature to an artery, are rarely present.''

In Souchon's valuable monograph on Operative Treatment of Aneurisms of Third Division of Subclavian Artery, the following is noticed: 'In some of the successful ligations silk was used and in most of them the coats were likely ruptured, yet the same occlusion can be obtained with as much certainty and less risk with absorbable ligatures when used double, and especially noncontiguous, i. e., with bloodless space between the two.''

ANIMAL LIGATURE.—This ligature fulfills more of the requirements, the representatives of which are cat-gut and kangaroo tendon. It is absorbable, non-irritating and can be rendered aseptic, although there is difficulty in bringing about this desideratum with cat-gut, which has lessened the ardor of its many advocates.

'Along the track of an aseptically buried animal suture, cell proliferation rapidly supervenes, and new cells invade the softened tissue, and *pari passu* with its absorption, a living bond of connective tissue cells replaces the whole line of suture.'—*Marcy*.

Senn says he has never observed a case in hospital or private practice, where the cat-gut ligature failed to fulfill, in the most satisfactory manner, the purposes of a provisional hemostatic agent, until the definite cicatrix had become sufficiently firm to resist the intra-arterial pressure.

Wyeth prefers cat-gut, also Gerster. The objections to cat-gut are, its yield on tension, and difficulty in rendering aseptic. The hardening of cat-gut, prior to complete sterilization, shuts up within the substance of the gut, a certain

number of organisms which remain latent until they are placed in living tissue, when the cat-gut swells and the germs are set free."—*Marcy*.

The different methods of preparing cat-gut are too numerous to mention; their multiplicity indicating their inefficiency. Recently, immersion in formalin has been recommended. Senn's modification of Hoffmeister's method is as follows: 1. The cat-gut is wound tightly on an ordinary large glass test tube. 2. Immersion 12 to 48 hours in aqueous solution of formalin 2 to 4 per cent. 3. Immersion in flowing water for at least 12 hours, to free the gut from formalin. 4. Boiling in water from 10 to 12 minutes. 5. Hardening and preservation in absolute alcohol containing 5 per cent. of glycerine and 1-10 of 1 per cent. bichloride of mercury. It has been suggested that the cat-gut be not wound so tightly, as it would prevent the entrance of the fluid to the center of the gut.

A very efficient method of preparing the gut was recommended by Riverdin. He exposes the gut for 4 days to a constantly increasing temperature, maximum 140 deg. C. This method is highly commended by Keen and Da Costa.

Marcy, for the last 16 years has been using and advocating kangaroo tendon as a ligature and buried suture. Its non-irritating properties, its capacity for fine division, its slow absorption, and the certainty with which it can be sterilized, are the qualities which make it preferable to cat-gut, and he contends that, "the role of the buried animal suture may be accepted as a corollary to antiseptic surgery, upon the basic principles of which it is founded as a scientific deduction."

Keen and DaCosta, relative to Marcy's buried suture, say: "There is no question that these sutures constitute an important addition to the material of surgery."

In conclusion, I would recommend the animal ligature for deligation, cat-gut or kangaroo tendon, preferably tendon, and prepare it yourself, as by so doing you will be more positive of its asepticity.

Use a double ligature, placing them about 1-3 of an inch apart. Tie them sufficiently tight to simply occlude the vessel and not rupture its coats, and by so doing the vessel will be strengthened by a living bond of connective tissue instead of weakened by an absorbable, irritating ulcerative ligature.

602 1-2 Main Street.

Name of Operator	Source of Information	Age	Sex	Side	Cause of operation	Duration of case	Point of Ligation	Date of injury	Date of hemorrhage	Ligature came away and material,	Result & Remarks.
(1) E C Carter, U S A	Medical Record, M'ch 14, '96	23	M	L	Traumatic aneurism	47 days	Below diaphragm muscle	Jan 30, '95		Oct. 1895; silk.	Cure; left ptosis resulting.
(2) W W Bailey	Medical Record, Jan 17, '91	13	F	R	Traumatic aneurism, ophthalmic	4 years		Sept '87		Oct. 30, '91 silk.	Marked improvement.
(3) F L Lapsley,	Med News Sep 7 '93	33	M	L	Gun shot wound	20 days	Below diaphragm muscle		Apr 10 & 17	Silk	Cure. Recurrence of pain after one year.
(4) J B Roberts	Personal letter		M	L	Tri-facial neuralgia					Cat-gut	Recurrence of pain after 12 months.
(5) J B Roberts	Personal letter		M	R	Tri-facial neuralgia					Silk	Recovery
(6) R W Johnson	Personal letter	23	M		Tumor of parotid which was extirpated						
(7) J B Murphy	Personal letter		R		Traumatic aneurism	14 days	$\frac{1}{2}$ inch from origin	Jan '96		Silk; do 'b)	Cured; partial paralysis of left side for 48 hours.
(8) F M Cartledge	Personal letter				Removal of carcinoma of pharynx					Cat-gut	Recovery, signs of recurrence after 10 months.
(9) A H Ferguson	Personal letter	28	M	R	Extirpation of lympho-sarcoma					Cat-gut	Death in 48 hours; hemiplegia and coma.
(10) R Matas	N O Med Journal Oct '94	80	M	R	Aneurism		Between sternal and clavicular heads			Silk	Recovery, with marked improvement.
(11) R Matas	N O Med Journal Oct '94	60	M	R	Arterial varix of common carotid	8 mos	Below bifurcation and root of neck			Silk and cat-gut	Recovery, with marked improvement.
(12) R Matas	N O Med Journal Oct '94	35	M	R	Suspected aneurism of internal carotid	6 years	Point of election				Recovery with improvement; probably a tonsillar fibro-adenoma.
(13) Willy Meyer	Personal letter	54	M	L	Suspected aneurism					Silk	Recovery; death 32 days later from malignant growth
(14) W D Hamilton	N Y Med Journal Nov 3 '94	19	M	R	Aneurism of external carotid	Childhood	Between tendon of mastoid muscle			Silk	no aneurism.
(15) R Winslow	Med Record N Y Nov 29 '90		F	R	Suspected innominate aneurism		Point of election			Cat-gut	Recovery, an apparent cure.
(16) Robt Morris.		33	M	L	Traumatic aneurism	4 days	Point of election			Silk	Cure; temporary cerebral anaemia.



**Correlation of Nerve and Medicinal Action.****NINTH PAPER.**

To compete for the Yale Surgical and Gynecological Chair offered by the **SOUTHWESTERN MEDICAL RECORD**, for best paper on some medical subject. See last page of cover.

My object, in the present communication, is to reason on the correlation of nerve and medicinal action, and to illustrate an undisputed fact, that the nervous influences or powers (or impulse, according to Dalton) developed in the brain or the spinal cord and transmitted to organs of organic life, elicit phenomena which may be simulated by special remedial agents. When men like Bernard and Kalliker maintain one view respecting the action of the pneumogastric and splanchnic nerves on the stomach and other organs, and Bidder and Vulpeau entertain the very opposite, one may be excused from speculating on either side. My conviction, however, is that there is a reciprocity of action between the vaso-motor nerves and medicinal agents calculated to act on them. The influence possessed by the ganglionic nerve centers on the phenomena of life can be simulated, increased or diminished by special medicines. If fear withdraws the blood from the circumference to the center, and bathes the skin in perspiration, or renders the urine redundant or the bladder irritable, or if shame or anger suffuse the countenance, or offensive sights and the recollection of them produce vomiting, the cathartic which purges, the emetic which vomits, the narcotic which arrests diarrhoea produce their effects through the same common law, which is relative to the nervous system.

The nervous power or force or impulse, is a property of the vital principle, and possesses the remarkable character of being a vital stimulant to the property, irritability, which resides in the tissues or organs, its influence upon the latter property will correspond with the nature of the cause which brings it into operation, being rendered a vital stimulant or a vital depressant, or a vital alterative according to the nature of the exciting cause. Thus, in blistering, the power is rendered stimulant, in fear, depressant, by grief, anger and hope, alterative. Alcohol applied to the brain or spinal

cord increases the action of the heart. So do anger, joy, hope, etc. A watery solution of tobacco or opium applied in a like manner depresses those actions as do fear, grief, anxiety. As irritability and mobility are properties of the vital principle and belong to all the tissues, all vital agents, whether external or internal, physical or moral, natural or morbid or remedial, make their impressions upon this property, if motion follow, the impression is transmitted through the property, irritability, to mobility and motion ensues as a consequence. The nervous power is transmitted through particular nerves to certain parts, according to the nature of the cause which excites it into operation, whether morbid or remedial, and often passing over many nerves of apparent anatomical connection. This attribute of the nervous power distinguishes it from the action of agents, which if introduced in the blood, according to the humoralism of Andral, would derange the universal organism. The peculiar constitution of the nervous power which renders it obedient to the will in its transmission to the particular muscles, renders it also, when modified by remedial agents, equally determinate and limited in its operations upon particular organs. This should be fatal to the doctrine of operation of remedial agents by absorption.

Dalton, in his human physiology, does not seem to comprehend fully, the action of stimulants in producing motion in muscular fiber, for "I cannot conceive how motion (contraction by Dalton) can possibly be induced in muscular fiber without the aid of the property irritability, which depends upon the nervous system for its function." Mobility can be brought about only by impressions made upon irritability. The impression is first imparted to irritability and then to mobility before motion or contraction can follow. The term *contracton*, employed by Dalton and Bichat, is a poor substitute for mobility, for it limits the law of motion to simple contraction, while there must be also a corresponding dilatation, and the heart, blood vessels and other organs elongate, dilate, as well as contract.

I shall now make a practical analysis of the therapeutic effects of certain remedial agents. In these suggestions I do not include those agents which act mechanically or chemi-

cally, but only those which manifest result, through reflex action of the nervous system, and the majority of medicines, with which we are acquainted, will fall into the category of these latter.

We will only select from the *materia medica* such agents as are capable of increasing intestinal evacuation, as they will prove sufficient to illustrate the doctrine. Which I have advocated in regards to a rational treatment of disease and will lead to a ready apprehension of the *modus operandi* of all others.

When mercurial ointment is applied to the skin, the impression made upon the sentient extremities of nerves is transmitted to the nerve center, and the nervous power is thereby developed in those centers, and determined upon the salivary glands and liver. The same results will occur when it is administered by the stomach. Cantharides irritate the neck of the bladder. Antimony in minute doses, determines the power upon the respiratory muscles and vomiting is induced. In the same way the impression of disgusting objects upon the optic nerve of the eye will produce the same results. The impression is transmitted to the nervous centers the power is developed, which partakes of the nature of the cause which brings it into operation, and it is then transmitted through motor nerves to the property irritability, and then to mobility manifesting all those sensible results observed when morbid and remedial agents operate. It is singular, says Sigmond, that a pill of opium administered by the stomach at night, will be vomited up in the morning, after producing its narcotic effects. There is nothing strange about this, the drug made its impression upon the mucous membrane of the stomach, and through the process I have described, produces its effects through the nervous system without itself being absorbed.

Sir Ben Brodie found that an infusion of tobacco thrown into the rectum paralyzed the heart and caused death in a few minutes, but if the head (the nervous centre) of the animal is removed and artificial respiration be kept up, the heart remains unaffected, showing conclusively that tobacco effects these organs through the nervous system exclusively.

In all works on syphilis, we find stated as facts, that the

phenomena of the disease are produced by absorption of the virus and contamination of the blood. But this is not proven by any, nor is it consistent with observations and experiments of Vandeen, Lee and others. We have many facts to offer as obstacles to the theory of absorption of the virus, for we have chancres without breach of surface, as stated by some, and were the absorption theory true, potassium and mercury would be contraindicated, as they hasten absorption process.

The *modus operandi* of syphilitic poison must be explained upon the same principle of that of all other poisons. Impression is made upon nerves at the irritated spot and from this point the peculiar impression is transmitted and modified in such a manner as when reflected upon remote parts alters the condition of those parts in a manner peculiar to itself. And when mercury operates in the cure through the same process it sets up an antagonistic action commenced in the part to which it was applied.

---

#### A Liberal Education.

Mr. Huxley says: "That man has a liberal education who has been so trained in youth that his body is the ready servant of his will, and does with ease and pleasure all the work that, as a mechanism, it is capable of; whose intellect is a clear, cold logic engine, with all its parts of equal strength and in smooth working order, ready, like the steam engine, to be turned to any kind of work, and spin the gossamers as well as forge the anchors of the mind; whose mind is stored with a knowledge of the great and fundamental truths of nature and of the laws of her operations; one who, no stunted ascetic, is full of life and fire, but whose passions are trained to come to a halt by a vigorous will, the servant of a tender conscience; who has learned to love all beauty, whether of nature or of art, to hate all vileness, and to respect others as himself. Such a one, and no other, has had a liberal education."

## REPORTS OF CASES.

## A Case of Renal Calculus.

BY J. W. SCOTT, M. D., HOUSTON, TEXAS.

Mrs. G. age 23, nurse by occupation, was taken with a severe attack of renal colic on March 2nd. The pain was of such an intense character, that it required, the hypodermic injection of a grain of the sulphate of morphine to relieve it. Previous to this time she gave a history of suffering occasionally from irritability of the bladder, scantiness of urine, and oedema of the feet. These symptoms, however, had always been promptly relieved by the use of various diuretic mixtures. The general appearance of the patient was strongly suggestive of some serious kidney disorder. Her urine was examined and found to contain a small quantity of pus and albumen. She was placed upon the usual medicinal treatment pursued in such cases but to no effect. She would scarcely recover fully from one attack of colic before she was seized with another. In six weeks time, from comparatively good health, she was reduced to a state of invalidism. Although no calculus, or any calculus matter was ever passed per urethram, the history of the case together with the symptoms, warranted a diagnosis of stone in the kidney; and her condition had become such, as to not only justify, but to demand an exploration of that organ. Several physicians who saw the case concurred in this opinion. On April 18th, assisted by Drs. Red and Morris, I cut down upon the kidney, and made a thorough digital examination of its entire surface. It was also explored systematically by introducing a fine needle at different points. No calculus, however, was discovered. But during the examination it was found that the kidney was unusually movable, and thinking possibly that the symptoms had been caused by this excessive mobility, it was decided to anchor the organ; which was accordingly done. In closing the incision, that portion, to which it was desired the kidney should adhere, was packed with gauze, thus causing it to heal by granulation, and thereby securing a firmer and and stronger fixation. After recovering from the effects of the operation, the patient began to improve, and has contin-



ued to do so in a very marked manner. At the present time—4 months after the operation—she has no symptoms whatever of any renal disease; and says her general health is better than it has been for years.

Dr. Legueu has recently collected twenty cases of renal colic, in which operation was done, nothing found, and yet, th condition was permanently cured. The relief, that not infrequently follows exploratory incisions of this character, has been attributed by many, to a division of some of the nerves in the lumbar parietes. While others, have thought that the contraction following cicitrization of the the tissues immediately around the kidney might cause the improvement by fixing that organ more firmly in its place.

In this particular instance, we have every reason for believing, that the anchoring of the kidney was the essential factor in restoring the patient to her health.

---

*The number of suicides in 1890 was 2,040, in 1891 3,531, in 1892 3,860, in 1893 4,436, in 1894 4,912, in 1895 5,759, and in 1896 6,420, and these all occurred in the United States. What relation has this to the general business depression, and the cousequent inability to provide for the family, if any, and is the same increase shown during other times of financial depression?. The records of insurance companies ought to be particularly interesting as to these statistics.—Review of Reviews.*

# Southwestern MEDICAL RECORD.

---

All communications for the editors, original contributions, exchanges, books for review, etc., should be addressed to SOUTHWESTERN MEDICAL RECORD, Houston, Texas.

All communications of a business nature, all money orders, drafts, checks, etc., should be addressed and made payable to ROBT. T. MORRIS, M.D., Secretary, Houston, Texas.

The editors are not responsible for the statements or opinions of contributors.

*To Contributors and Correspondents.*—Original Articles, Clinical Reports, Correspondence upon subjects of General or Special Interest, News Items, etc., are solicited from members of the profession everywhere

---

Entered as second class mail matter at the Postoffice at Houston, Texas.

---

## EDITORIAL DEPARTMENT.

---

### Too Great a Supply.

A RECENT metropolitan paper chronicled the death of a luckless lawyer by his own hands and utilized the incident as a text for a sermon on the crowded professions.

Similar cases occur in the medical profession. During the last 3 years the suicides among the physicians have been respectively, 45, 49 and 47 per annum, an average of 1 to

2,000, or as the death rate among physicians is about 25 per 1,000, 1-50 of all the deaths in the profession are self-inflicted. During the same period medicine has degenerated from an ethical standpoint. The moral plain has been lowered and it has degenerated into a trade. Advertisers have become more numerous, and sad to relate, they are receiving recognition from the hands of the supposed ethical. Unquestionably there are causes for these most deplorable conditions. They are not the result of chance. To our understanding the fundamental reason is the ease with which one can procure a professional (?) education. A young man reads medicine six months in a doctor's office, attends lectures six months, receives a permit to practice and is turned loose upon the community, perhaps completes a two years course receives a diploma and is entitled to all the privileges it conveys. Backed by his credentials and inspired by an astounding confidence, which is a true shield to ignorance, he goes forth to conquer.

Six months in a law office makes a Blackstone and the ermine receives a full fledged disciple, nay, a professor, who is expected to unravel the tangled skein of legal technicalities and deal justice and equity to all. Two days at a camp-meeting and some impressionable youth hears voices and sees visions and immediately goes forth to preach the Word, to guide and direct us from the darkness into the light, and to interpret the most complex and theological problems.

The blame should not be attached to the youth, but to the lax laws and the iniquitous system which permits and encourages it.

Many young men when they receive their diplomas are inspired by the highest motives and fully intend to follow the code to the letter, but practice comes slowly, like all true success. In the meantime his funds become exhausted but his obligations must be met and current expenses paid, ob-

serving with such ease and rapidity, apparently, the advertiser secures a living and comparing it with the slow and laborious process under the code, he goes over to the enemy. It is selling his birthright for a mess of pottage, but necessity compels him and this necessity is the result of too great a supply, and this supply is the result of too many medical colleges, especially those with a curriculum of three years or under.

We have been informed that two more medical schools will be established in this state. When will it cease? Physicians complain of the over supply with its train of evils, and immediately turn around and increase the supply. Oh consistency, thy art a stranger to physicians!

There is no demand for more schools. At Galveston we have one of the best schools in country, a state institution, with an able corps of professors and at Fort Worth a school equally as good. We sincerely hope we have been misinformed.

R. T. M.

---

**Vacant Chairs in the  
Medical Department  
of the University of  
Texas.**

THE fall session of the Medical Department of the University of Texas will soon begin, and at the present time no announcements have been made in regard to filling the recent vacancies in the faculty of the chairs on practice and physiology. We sincerely hope and strongly suggest that they be filled by gentlemen from Texas. The Board of Regents will, we are sure, when the matter is presented in the proper light and manner, give more consideration to the applications from this State than they are reputed to have given in former times. Everything being equal, the applicants here should receive the same treatment given to those outside the State—this should be so for several reasons.

Sam Houston was not educated and trained for the

Presidency of the Republic of Texas. Terrell did not graduate as a foreign U. S. Minister, and still these men and many others who have also filled high and important public offices, have done so with much credit to themselves and pride to their State. So it will be if the qualified members of the profession of Texas be given *the opportunity* in the matter. Do not for a moment suppose, in the latter instance, that because the number of professors in the State is small, that they (Texas Doctors) do not possess the material out of which to make teachers of medicine, or that all the material has been used up. One other *good reason* why the profession of Texas should be carefully scrutinized for available candidates, is that the last legislature put an occupation tax on the doctors of \$5.00 each; and there being about 5,500 or 6,000 in the State, the amount of revenue raised from this source will be from \$27,500 to \$30,000—this amount will almost meet the yearly (\$33,000 last year) appropriation for the maintenance of the Medical Department; hence, as the profession in the future will pay the salaries of the professors, it should be given the privilege from the standpoint of fairness, if for no other reason, to express the hope that the Board of Regents will tender *the opportunity* to Texas Doctors.

J. A. M.

---

#### Diet After Weaning.

Dr. R. T. Scott, of Houston, handed THE RECORD the following diet schedule for children. The Doctor does not claim originality for the diet, but has for the past two years used it in his practice and can vouch for its practical efficiency. With the hope that others may use with the same gratifying results that he has, he offered it to THE RECORD for publication:

FROM ONE TO THREE YEARS.—ARTICLES ALLOWED.

MILK.—Always the basis of the diet, one quart daily;



without dilution unless very rich; always warm.

EGGS.—Soft boiled or poached, never fried, not oftener than three times a week.

MEATS.—After 18 months, if most of the teeth are present; once daily, finely bruised or scraped; rare roast beef; roast lamb; broiled mutton chop or beef steak; white meat of chicken or turkey; fresh fish, boiled or broiled, bones the only drawback.

VEGETABLES.—Potatoes (not till two years) roasted; peas; asparagus tops; spinach; string beans; boiled onions; stewed celery; all should be very well cooked in season and fresh.

CEREALS.—Oat meal; wheaten grits; hominy; barley; rice; farina, and arrow-root; all should be cooked at least two hours, and given with milk, well salted, better without any sugar.

BROTHS, &C.—Beef juice expressed from broiled round steak (1-2 to 1 lb.); mutton, or beef, or chicken broth as follows: 1 pound finely chopped lean meat, 1 pint water, stand on ice, 4 to 8 hours, cook slowly 1 hour, strain and season with salt, cool and skim off fat.

BREAD AND CRACKERS.—In some form to be given with each meal; only stale bread (well baked); toast; zwieback; Graham, oatmeal and gluten crackers, with meals only.

DESSERTS.—(After 2 1-2 years), plain custard; ice cream; rice-pudding (no raisins); baked apple; stewed prunes.

FRUITS.—(After 20 months), oranges; (after 2 1-2 years), apples; pears; grapes; berries, etc. In the country, almost all varieties in moderate quantity; give very cautiously in cities and during the summer.

#### ARTICLES FORBIDDEN.

The following articles of food are improper for a healthy child *under three years*, under all circumstances:

MEATS.—Ham; sausage: pork in all forms; salt fish; corned beef; dried beef; goose; duck; game; kidney; liver and bacon; meat stews and dressings from roasted meats.

VEGETABLES.—Potatoes, except when roasted; cabbage; raw or fried onions; raw celery; radishes; cucumbers; to-

matoes, raw or cooked; beets; carrots and green corn.

BREAD AND CAKE.—All hot bread, biscuits or rolls; buckwheat and all other griddle cakes; all sweet cakes, particularly those containing dried fruits and those heavily frosted.

DESSERTS.—All nuts, candies, dried fruits; all canned or preserved fruits; pies; tarts and pastry of every description.

DRINKS.—Tea, coffee, cocoa, wine, beer and cider.

FRUITS.—Bananas; all fruits out of season; all stale fruits, particularly in cities and during the summer. Grapes are objectionable only from seeds. With most of the other fruits, it is excess in the quantity which makes them injurious.

#### MEALS.

A child during the second year ordinarily requires five meals a day; three of which, the 7 a. m., 1 p. m., and 7 p. m. meals should be the most important, those at 10 a. m. and 4 p. m. being lighter.

During the third year, four meals only are required, the 4 p. m. meal being omitted, and the supper given at 6 p. m. Nothing except water should ever be allowed between meals.

---

### FROM OTHER JOURNALS.

#### Weighed and Found Wanting.

The St. Louis Medical Society recently received a report from its special committee appointed to investigate the abuse of Medical charity. The report says:

“The committee claims to-night that the greatest corruptor of the profession is the medical colleges, which furnish the greatest, the most injurious number of clinics. What institutions are guilty of the largest number of infractions of the code? From what sources do the most unfriendly acts of the medical profession emanate? The question has been asked, what is the necessity for so many dispensaries unconnected with colleges? So common have they become that the city will soon be designated the city of clinics. The answer is at hand. There is no more necessity for them than any others. They are, however, a good medium for adver-

tising. What is the first thing a doctor does when he comes to town? To connect himself with some clinic or dispensary. Why? Because it pays in advertising, in making acquaintances, in obtaining a clientele.

Perhaps there is a feeling that some are more guilty than others, and that the degrees of sin should be pointed out. In order to place the guilt where it properly belongs, the committee is willing to file this supplementary report, in which they make specific charges against the following named institutions, with a bill of particulars:

"The Mayfield Sanitarium sends posters throughout the country and has an agent that travels in its interests, advertising the principal and his institution.

"The Missouri Baptist Sanitarium has 'free' printed on the signs and cards, with name of superintendent. It has three agents, or runners, that canvass the country, distributing cards or posters, with the names of forty-five of the best doctors in the city. The doctors whose names appear on the dodgers are equally guilty. By what right or justice can this be carried out under the cloak of religion?

"The St. Louis Baptist Hospital distributes dodgers with names of doctors on the medical staff, advertising them as specialists; the Barnes Medical College is on the list for using the word 'free' in advertising its dispensary; the St. Louis Medical College is guilty of treating applicants free who are able to pay; the Western Polyclinic uses the word 'free' on signs; St. John's Hospital, or Infirmary, is guilty of issuing and distributing cards with the word 'free,' etc.

"The Missouri Medical College is guilty of the greatest breaches of the medical code. It is the greatest offender against the well-being of the medical profession in particular, and the community in general, in treating free patients well able to pay, thereby encouraging pauperism, not only of the laity, but of the doctor. It is bad enough, as outlined in the preceding facts and as stated in the original communication, but the facts are more execrable in this institution, as absolutely no care is taken to weed out the worthy indigent and needy from the well-to-do and rich.

"So long as twenty-five cents is paid by the one and an extra quarter by the other for precedence, the thriving nuisance will continue. The Missouri Medical College is further guilty of using and distributing cards with the word 'free' and the names of doctors upon them, and having signs with the word 'free' in bold relief."

Our readers will notice that the two medical colleges which the committee considers the greatest offenders, are the St. Louis Medical College (Medical Department of Washing-

ton University) and the Missouri Medical College. These are the institutions which have considered themselves among the holy of holies, and above reproach. They have pointed the finger of scorn at others and are themselves found wanting.

The Missouri Baptist Sanitarium, whose agents, according to the committee's report, are engaged in "distributing cards or posters, with names of forty-five of the 'best doctors in the city,'" has a medical staff made up almost entirely of professors in the St. Louis Medical College.

The Western Polyclinic is a recent creation, which is said to have had its origin in the fertile brain of the editor of the *Medical Mirror*.

St. John's Hospital has a large out-door service, and is said to treat free of charge persons earning good salaries.

We never have been able to understand why a hospital should conduct a dispensary service. Will some one kindly enlighten us? In this connection we are glad to note that St. Mary's Hospital and the St. Louis Baptist Hospital have abandoned their dispensaries. We hope the Missouri Baptist Sanitarium and the Deaconess' Hospital will do likewise. If there is any good reason for the existence of a free clinic west of Grand avenue we are not aware of it.

After finishing its present work, we hope the St. Louis Medical Society will investigate the advertising quacks within its own ranks.

In conclusion, we believe that the medical profession owes a debt of gratitude to Doctors R. M. Funkhouser, R. H. Finley and P. D. Connolly, who composed the committee.—*Tri-State Medical Journal*.

---

#### Who Shall Administer Anesthetics.

With the continued mortality from chloroform and ether narcosis, we are reminded that as yet medical science has not reached that point where it can prevent such accidents, nor successfully overcome them when they have occurred. Both agents are toxic, and especially is this true of chloroform, the mortality from which is 1 to 6,000, while that of ether is 1 to 18,000. The importance of a thorough knowledge of the physiological action of anesthetics is evident. He who would assume the important position as anesthetiser, must be one

familiar with the action and dangers of the agents used.

How foolhardy it is for an otherwise skilled and conservative operator to intrust this very important duty to a medical tyro—a student—not yet familiar with his physiology, much less with the physiological action of drugs, to say nothing of his inability to recognize the important signs of danger, and to know what to do even if danger is imminent.

The giving of an anesthetic is no trifling matter. It is of such importance that he who gives it should be one who is willing to give his entire time to it, ready and alive to recognize emergencies, and, above all, to know what to do when the emergency arises. Such service should be paid for liberally, and not considered, as too frequently it is, especially in smaller towns, as a complimentary privilege to the operator; a free pass to the surgical operation, and consequently more attention is given to the operation than to the anesthetic, with the result that the signs of danger are overlooked until profound disturbances are especially imminent. We insist that the giving of an anesthetic requires skill, and none but those trained in the work should be intrusted with its administration.—*Medical Fortnightly*.

---

#### **Hasheesh (*Cannabis Indica*) as a Cause of Insanity.**

Hyslop gives a review of "Mental Diseases" in the London *Practitioner* for February, 1897. In its course he remarks that hasheesh as a cause of insanity is the subject of a valuable report by Dr. Warnock, the medical superintendent of the Cairo Lunatic Asylum. He concludes that no doubt in quite a considerable number of cases hasheesh is the chief, if not the only cause of the mental disease. Hasheesh insanity can scarcely be diagnosed by its clinical characters alone. Sudden and rapid recovery on abstinence from the drug is the most pathognomonic symptom. He classifies the usual types of hasheesh insanity as being: (a) Hasheesh intoxication: An elated, reckless state, in which optical hallucinations and delusions that devils possess the subject frequently exist. Sometimes the condition amounts to a delirium, which is usually milder, more manageable and less aggressive than that of alcohol, and exhibits none of the ataxic



phenomena of the latter. Recovery takes place in a day or less, and the patient usually recognizes the cause of this excitement. In connection with these cases Dr. Warnock raises the interesting medico-legal question, "Are such patients to be held responsible for crimes committed during the hasheesh intoxication, as ordinary drunkards are? or are they absolved from responsibility, as being temporarily insane? Persons chronically insane from drink are held to be irresponsible for criminal acts, temporary intoxication, on the contrary, being no plea. Will the same principle be applied to hasheesh crimes?" (b) Acute mania: In this type terrifying hallucinations, fear of neighbors, outrageous conduct, continual restlessness and talking, sleeplessness, exhaustion, marked incoherence and complete absorption in insane ideas, are the prominent symptoms. Such cases last some months and do not always recover. (c) Weak-mindedness with acute outbreaks after each hasheesh excess: These cases are very numerous. While in residence such patients are usually quiet and well behaved and only betray the impaired state of their brains by being over-talkative, easily pleased, lazy, energetic, excitable on small provocation, unconcerned about their future, and willing to stay in hospital all their lives; they show no interest in their relatives, and only ask for plenty of food and cigarettes. After being discharged, such cases soon return in a condition of excitement—in fact, in a mild form of type "b." They then talk rapidly, and rush about pouring torrents of abuse on those near them, curse and rave on slight provocation, are sleepless and forever moving in an aimless way; are urgent to be released, deny the use of hasheesh at one moment and boasts of its wonderful effects the next. Besides these types there are numbers of cases of chronic mania, mania of persecution and chronic dementia, alleged to be produced by hasheesh.

Dr. Warnock also quotes some of the conclusions of the "Indian Hemp Drug Commission" of 1893-94. Its moderate use has no physical, mental or moral effects whatever; its excessive use, on the other hand, injures the physical constitution, and may cause dysentery and bronchitis; it tends to weaken the mind, and may sometimes cause insanity; it induces mental depravity and poverty, but rarely crime. The injury caused by excessive use is confined almost exclusively to the consumer, and scarcely affects society. In India hemp drugs are regarded as causing insanity more rarely than has popularly been supposed, and the resultant insanity is usually of a temporary character and of shorter duration than that due to other causes.—*Monthly Retrospect*.

## NEWS AND MISCELLANY.

The editor of the *Cleveland Journal of Medicine* seems to have trouble with another man's "appendages."

The science of medicine is a question of fact, and not of faith, consequently, there can be no such classification as "schools of medicine."

H. A. West, Professor of Practice, and A. G. Clopton, Professor of Physiology, have severed their connection with the Medical Department of the State University.

Dr. Benjamin Harrison, in the *Bi-Monthly Bulletin*, gives several instances where tobacco workers seemed to possess immunity against certain infectious diseases.

The *Atlantic Medical Weekly* calls attention to the published statement of Mr. A. Salter to the effect that formic aldehyde, or formalin, is considered almost a specific for ring-worm at Guy's Hospital, London.

J. P. Sawyer, M. D., in the *Cleveland Journal of Medicine*, highly lauds sodium nitrite for chronic urticaria. He is modest enough, however, to say that he has tried it only upon two cases; but with them it acted like a charm. Dosage, one grain three times daily.

PROPER RESPECT FOR THE DOCTOR.—The new house surgeon, having examined the injured man, said to his wife: "I fear your poor husband is dead." "No, I ain't," said the supposed corpse. "Hush, John, be quiet," said the wife; "the gentleman must know better than you what's the matter with you."—*St. Thomas' Hospital Gazette*.

Dr. Daniel says that the Mexican National railway trains "move with the velocity of a bicycle." He lets some one else say "No sickness, no doctor; do doctor, no medical school." Internal evidence, as the philologists would say, of a "Chinese wash-lady" as proofreader. We can join hands with the doctor on this, for we sometimes make such mistakes ourselves.

Dr. W. T. Cathell, in the *Maryland Medical Journal*, for ordinary obesity, suggests that every other day a glass of Kissingen water be taken thirty minutes after meals; for the

alternate days a similar amount of Vichy. This procedure should be kept up for months, and if the reduction in flesh is greater than two pounds a week, decrease the amount of Vichy used, or, if the reverse, fortify the Kissingen by lemon juice and the Vichy by aromatic spirit of ammonia.

THE SEVENTH ANNUAL REPORT OF THE EYE, EAR, NOSE AND THROAT HOSPITAL, NEW ORLEANS, LA.—We are indebted to Dr. A. W. De Roaldes for a copy of the above report. During the past year 5,565 patients were treated. Of this number, 2,403 were diseases of the eye, 2,796 diseases of the ear, nose and throat, and 366 diseases of the skin and teeth. Altogether 1,050 operations were performed; 775 on the ear, nose and throat; 246 on the eye, and the balance, 29 on the teeth. Drs. De Roaldes, Burns and their co-laborers show in their report many evidences of hard and scientific labors.

We are in receipt of a circular letter, signed by twenty-six reputable physicians of Dallas, protesting against the establishment of a medical school at that place. The letter fully sets forth their views upon the subject, which in substance are as follows: The organization of this school will tend to increase an already over-crowded profession; will lower the standard by turning out inferior men; increase the hardships of the local fraternity by strenuous bids for free clinical material; the upbuilding of the few to the detriment of the many. The above is a series of cogent reasons, and well worthy of consideration by the profession at Dallas and throughout the State. The doctors, however, to be really up-to-date, should not protest, but get out an injunction from the U. S. Court.

Prof. T. M. Rotch, M. D., in the *Cleveland Journal of Medicine*, discusses the artificial food supply of infants from the standpoint of percentages. He claims: that it is not so much a duplicate of mothers' milk that is wanted, as the proper proportion of the fat, sugar and proteid elements demanded by each individual case. See what he has to say that: "I can give you no exact rules as to what percentages of the fat, sugar and proteids, or what combination of these three elements should be made in the special case. Each case must be studied in itself, and

until we have a much wider knowledge than we at present possess, our prescriptions must be largely experimental. A safe rule to follow, however, is to begin with low percentages, and to then not only increase the percentage of each of the elements when the infant is found to digest them but is not increasing in weight, but also, if it is neither digesting nor increasing in weight, to make different combinations of these three elements. Thus, if three percent of fat, seven percent of sugar, and two percent of proteids is found not to be digested by the infant, 3.5 of fat, 6 of sugar, and 1 of proteids may be given, and so on through numerous changes." The Doctor's ideas are eminently practical, in the neighborhood of milk laboratories, presided over by expert chemists; but in the great mass of cases the profession at large will have to content themselves with what we already have.

ETHICS AT SABINE PASS.—Dr. Magruder, of the U. S. Marine Hospital Service, on the 14th, ult., applied to Dr. Perkins, of the State Quarantine Service, for permission to inspect his methods of disinfection at that port. Dr. Perkins, presumably under instructions from his chief, at Austin, declined to allow the polite and very modest request, and Dr. Swearngen came down to back him up. Dr. Magruder, in retaliation, threatened to send all ships to Ship Island, for disinfection, before granting them permission to land. Is it possible that we have been nursing a delusion in regard to "States' Rights," handle and all, being buried at Appomattox? Or could it be that some of our officials don't know that George Washington is dead? The merchants and owners of the vessels complained bitterly of the delay and consequent inconvenience and loss through the ethical disagreement of the gentlemen concerned. But who thinks of shipper and ship-owner when the dignity of a quarantine official is threatened? This escapade, on our eastern border, calls to mind the time when a former health officer tied up the Southern Pacific railway, "lock, stock and barrel," and kept the poor governor in that unpleasant state of expectancy bordering on shock.

## PUBLISHERS' NOTES.

TO PHYSICIANS.—When over in the first ward you can have your powders dispensed in elegant cachets or wafers by writing, Ft. Cachets, on your prescriptions and sending them to Richards' drug store, 1702 Houston avenue.

The remarkable collection of Mineral Waters, known as Sour Lake, is situated in Hardin County, Texas, about eight miles from Sour Lake Station, on the Texas and New Orleans Railway. The Lake is located in a lovely spot, and is surrounded by a grove of stately old oaks, maple, sweet gum, etc., which afford a delightful shade, and a cool breeze blows continually from the south. The waters of the Lake have a strong acid taste, and close around it are thirteen separate and distinct springs, each one furnishing a different mineral water. The lake is studded with bubbling gas jets, which impregnate its waters, and a mineral healing tar oozes up out of the ground and floats upon the surface of some of the springs. This is collected, and is used in the treatment of all kinds of skin diseases, ulcers and scrofulous sores. Both the gas and the tar burn with great brilliancy when ignited. See ad in this issue.

## WORTH REMEMBERING.

Messrs. John Clark & Sons, New York City.

GENTLEMEN :—It affords me pleasure to inform you of my high estimation of the value of Imperial Granum in a recent case of obstinate vomiting of pregnancy. For many days at a time my patient could retain practically nothing in the way of nourishment until the Imperial Granum was tried, when the stomach immediately became more tolerant and nutrition was rapidly regained—and at this writing, four weeks from the time she began its use, she is still relying almost exclusively on it for nourishment.

It is safe for me to say that in the future I shall depend on the Imperial Granum when its use is indicated, and with best wishes for your success, I am, Yours very truly,  
 ———, M. D.

Physicians can obtain samples of this most valuable prepared food free, charges prepaid, on application to John Carle & Sons, 153 Water Street, New York City.

DOCTOR:—Your library is not complete without the *Hypnotic Magazine*. Cost of this handsome monthly, including premium book on "Suggestive Therapeutics," is only ONE DOLLAR (\$1.00) a year. THE PSYCHIC PUBLISHING Co., 56 Fifth Avenue, Chicago. Send for sample copy.



# Southwestern Medical Record.

*A Progressive Monthly Journal of Practical Medicine and Surgery.*

---

VOL. II.

OCTOBER, 1897.

No. 10.

---

## Third Stage of Labor and its Sequelae.\*

BY B. F. WATKINS, M. D., BRYAN, TEXAS.

In compliance with your request for an article or essay on the "Third Stage of Labor," I submit the following deductions from my forty years of practical experience.

I have always considered labor in all its stages a physiological process, and the more experience I have, the less I am inclined to interfere in any stages thereof.

"Masterly in activity," is the watchword of the experienced *accoucheurs ab initio ad infinitum*. Unceasing vigilance, however, should be exercised, and whenever dame nature *balks* at her duty or shows inability to perform that duty, the sooner and more radically we interfere the more satisfactory will be the termination.

The third stage of labor is the period elapsing from the delivery of the child to the clearing of the uterus and its retraction and contraction to a sufficient extent to prevent serious hemorrhage.

After the great and continued effort required of the sub-

ject in expelling the child, she is in a state of exhaustion, more or less complete; and a period of from five to forty-five minutes elapses before the uterus resumes the active work of clearing itself.

My plan is to wait patiently for this effort.

The cord is not tied off until it ceases to pulsate, or until after about five minutes, and the child is fully active.

With the left hand upon the womb I wait patiently for a pain. When I apply my hand to this region in normal cases I find a solid tumor there, three or four inches from front to back, flattened in front and four to six inches bilaterally.

The fingers are thrust behind the tumor (womb) thumb placed in front, and a steady pressure kept up, retraction going on rapidly as the womb disgorges the child; continuing the disgorging until it holds the remaining afterbirth as firmly as it did the *intact contents* before the expulsion.

When the after-pains come I find the placenta fully, or partially at least in the vagina and remove it by gentle traction on the cord, or with the thumb and two first fingers of the right hand I grasp a portion of the placenta and turn it out.

Simultaneously with this manipulation I compress the uterus and force it towards the outlet, thereby insuring the discharge of any portion of the placenta and membranes which may have remained in the uterine cavity.

This is Crede's method, modified by, or combined with that of M. Chaille and the older school.

Crede's plan is the proper one from a mechanical or physiological standpoint, and should always be used in hospital practice where time is a material factor with the practitioner.

In private practice, however, where the feelings of the patient must be consulted by the politic doctor, this process causes too much pain, and I have found it necessary in my practice to proceed as above indicated.

The above is about all there is of the management of a normal *Third Stage of Labor*.

When the foetus has been expelled, if the subject, no matter how prostrated she may seem, has a full, slow, steady pulse, a placid countenance and manifests no nervous ex-

citement or hysterical explosions, and the hand on the uterus above the pubes finds it firmly contracted, I have no apprehension for the future of the case. Especially is the slow pulse—45 to 60 beats per minute—a most favorable prognosis.

Now, let us look at the other side of this interesting process; the conditions under which the accoucheur must assist nature, or entirely perform her functions.

The child has been delivered—whether by the process of nature or artificially. The woman is left prostrated, extremities cold, gasping for breath, small, rapid pulse, countenance anxious, pale, pinched, and the hand on the abdomen finds no tumor.

Both retraction and contraction of the uterus have ceased, and the vital functions of the mother are on the very verge of stopping.

In these cases of collapse the patient is practically in the condition we meet with in all cases of surgical shock, and here the *shock* is caused by the effect of protracted labor and severe pain upon the nerve centers. Treatment must be prompt. Remove the pillows from beneath the head, elevate the foot of the bed, raise the lower extremities to a right angle with the body; administer digitalis, strychnia, nitroglycerine and whiskey hypodermatically. Use hot applications and friction to the extremities, and whatever other stimulants may be available until the patient is dead or reaction is fully established.

The second condition requiring prompt interference is hemorrhage, either from lacerations of the genital tract, or from the womb.

Promptly introduce the right hand, *per vaginam*, into the womb, turn out the contents, then use both hands; the outer or left hand compressing the womb, the inner one, or right hand, irritating the interior of the womb until the organ fully contracts. If this manipulation does not bring about contraction sufficient to arrest the hemorrhage, compress the aorta with the doubled fist just below the umbilicus until the hemorrhage is controlled.

I have recently used in these cases a process I saw reported in Lea Brother's "Year Book of Treatment" for 1894,

copied from the British "Medical Journal," December, 1892.

Of this Herman was the author; and as this is the most urgent and fearful complication or sequela of the third stage of labor, and since the process referred to is, in my opinion, the most prompt, effective and easiest of application, I take the liberty of transcribing it and referring it to your consideration, as many of you may not have met with it.

The process is as follows: The womb being emptied, the subject is put on the left side near the edge of the bed. Introduce the left hand into the vagina, double the fist, then with right hand behind the fundus press the uterus between the two hands. In this way the whole of the uterine body can be firmly compressed, clots can be squeezed out through the cervical canal which is not, as in other methods blocked up.

It brings with it no risk of injury to the uterus, offers no increased facilities for the entrance of germs, and secures the maintenance of one essential condition for permanent uterine retraction and contraction, viz: an empty uterus. The pressure need not be more forcible than is necessary to press the uterine walls together. It is a little irksome to keep it up, but it can be maintained quite long enough for the blood in the vessel to form a clot. It is not more irksome than the repeated manipulations which other less certain modes of treatment involve and the anxious watching of their effect.

When the uterus will not contract, the only thing that in his opinion can be relied on is the maintenance of firm compression. In almost all cases of which he has read in which it is said that more was required, either the pressure had not been tried or only tried after other ineffective measures had been practiced.

By "pressure" he means, not simply kneading the uterus to make it contract, but firmly and continuously compressing the uterus just as a surgeon would compress a vein wounded during an operation."

This ought not to be postponed until the failure of attempts to get contraction has been repeatedly demonstrated; but as soon as it is clear that stimulation fails to produce contraction or that the contraction produced by stimulation

is not lasting, the uterus should be steadily compressed and pressure maintained until risk of hemorrhage has ceased.

Ergot, transfusion, stimulation and the various other therapeutic remedies for *post partum* hemorrhage, I will not discuss, but only emphasize the opinion above expressed, viz: that our surest recourse in these cases is mechanical and the time allowed for action is too limited to allow us to use all remedies that may be good, as a few moments decide the fate of our subjects.

The next condition is *tonic contraction* of the uterus.

In these cases the womb grasps its contents (the placenta) with a continuous contraction and retraction and retains it, in some instances, for as much as two days. Instead of *ergot* being used in such cases, venesection, tartar emetic, veratrum, rectal enemas of hot water, chloroform or ether to complete relaxation. These agents usually produce relief.

Hour-glass contraction is very like the condition above described, and should be treated in the same manner.

Another complication is adherent placenta. I will not describe the pathology of this condition further than that it is a complete or partial growing together of the placenta and the uterine walls.

The attention is first called to these cases by failure of the uterus to clear itself, although contracting actively.

Manual examination finds the uterus well above the pubic arch and larger than normal.

Vaginal examination shows the placenta to be entirely within the womb and the os firmly contracted. Pressure on the uterus from above and traction on the cord, alike fail to change this condition.

After a few expulsive pains with proper manipulation has failed to deliver the afterbirth, the diagnosis is confirmed and mechanical interference is the only recourse left us, and the sooner we resort to it the better.

The woman is brought to the edge of the bed, the legs supported on either side by an assistant; the hand is carefully introduced into the womb and contents turned out.

This operation, so very simple in description, is one that requires more patience and tactful skill than almost any other in the vast range of surgery.

The patient should be chloroformed and kept in this con-



dition. The hand in a wedge shape is introduced and steadily and persistently pushed into the uterine tract until dilation occurs, and then the fingers spread out and carefully swept round the interior of the womb until all adhesions are broken.

It is frequently the case that the constant pressure on the hand of the operator so paralyzes it that he has great difficulty in performing the manipulation, but perseverance and patience have enabled me to carry out the purpose in every case of this kind.

In another class of cases of *adherent* placenta, the womb instead of contracting violently, or at all, is dilated or remains impassive and does not respond to any amount of kneading and friction through abdominal walls.

Traction on the cord easily brings the placenta with the womb everted. I have had this accident twice in my experience; in one the body of the uterus slowly contracted within the os as the placenta peeled off and gave me no trouble; in the other, the neck contracted more rapidly than the body and fundus of the womb thus holding the everted mass completely strangulated. Prompt invagination of the fundus and persistent, steady pressure in the cup enabled me, after much effort, to force the mass back through the os and restore the organ to its normal condition.

Another complication of labor which I have found to begin often within the time embraced in the *third* stage, although it oftener begins about the end of the *second* stage, is puerperal eclampsia. However this may be, it is a complication that demands immediate clearing of the womb. Of the child first, if it has not already been expelled, and the third stage immediately expedited by mechanical interference.

The womb having been cleared, the various anodynes and antispasmodics should be promptly administered; chloroform and ether by inhalation, veratrum viridi, pilocarpine, sulph. morphia and physostigmine; one or all by the mouth or hypodermatically, chloral hydrate and the various bromides by enema. By the prompt use of many, and sometimes all of these remedies I have been able to relieve every case of this fearful malady that has occurred where I was in immediate attendance.

I have, however, seen many cases die in spite of every effort where delay has been a factor.

*Immediate, prompt and thorough and vigorous* medication is more necessary in *these* cases than *any* disease we may have to contend with. Every fit your patient has lessens your chance of relieving her.

In the earlier years of my practice, as was taught by the schools of that time, I used ergot to further and perfect the third stage of labor, giving, in every case, a large dose just as the head passed the valva to insure prompt and perfect contraction and final retraction of the womb.

For twenty-five years I have given less and less of this agent, and for several years I have ceased to give it any stage or condition except in atony of the womb complete, and where all other means fail to cause contraction and in hemorrhage of an alarming character. My reason for this course is that ergot acts slowly—too slowly for any emergency; and when its action is set up it is too violent and protracted, causing the subject a great deal of unnecessary pain and distress.

I have limited this article to the practical deductions from my experience, there not being time sufficient for speculations or careful descriptions of the process or its pathological conditions.

The sequelae of this stage are of course the diseases incident to the lying-in-room, and to describe them all would lengthen this article beyond any reasonable limit.

The subject of asepsis and antisepsis will detain me but to say that when the doctor has paid proper attention to these in the earlier stages of labor, there can be no question of the absolute necessity of continuing in such a course during and after the third stage.

Keep a bowl of mercurial water accessible for the hands and use it freely before any contact with the genital tract, and when your subject is cleared, cleanse the external parts well with the water.

Have, if possible, a lot of cloths made absolutely pure by heat in an oven or stove.

I never allow any disturbance of the genital tract by washes or injections if it can be avoided.

**Lipomata.\***

SOFIE HERZOG, M. D., BRAZORIA, TEXAS.

We all know how difficult it is to persuade our patients to have any operation performed, or impress on their minds that it is painless and that the use of anesthetics is in no way dangerous. But the knife is the dread of all. I had a few cases of Lipomata, mostly small ones, on the forehead and shoulders, and on those I have first tried the use of iodine injected in small quantities which proved successful.

The one which I wish to especially mention at this meeting was 20 inches in circumference on my first measurement. It was situated on the hip. I gave a deep injection of 5 mm. of pure tincture of iodine once a week for four weeks, when I found that it was reduced to 18 inches. I then continued the treatment for four weeks more, injecting 7 mm., after which it was only 11 3-4 inches. The tumor then became smaller until it was the size of an egg. On seeing my patient the last time I was sure that the treatment was a success. It is well known that fat sometimes disappears without any treatment, and that a single remedy, although at first it may seem improbable, will at times prove a success. From my own experience I can with perfect assurance recommend iodine injection for lipomata.

---

\*Read at Galveston meeting of South Texas Medical Association.

---

**Is Malaria a Pathogenetic Factor of Diseases?****TENTH PAPER.**

To compete for the Yale Surgical and Gynecological Chair offered by the SOUTHWESTERN MEDICAL RECORD, for best paper on some medical subject. See last page of cover.

It would seem from teaching and practice it has been considered so, for the past century. To bring the subject matter more clearly before my readers, it will be necessary to look backwards for a few moments, and enumerate some of the theories, in order to come to a more clear understanding of just how far, how near, and how dear, this old malaria bug-bear is to some of us. Ignorance is a critic that has no

mercy. If we will only allow ourselves to become enlightened there is no excuse, at the present day, to remain in darkness for, "he who seeketh light shall find light," and he who associates malaria as a causative element, in the production of disease, needs no light for his glasses are colored with malaria cachexia.

Malaria, as defined is bad air, miasm (a stain, to contaminate) therefore, we have bad air that will stain and contaminate the system, either from personal or common emanation, hence we are forced to restrict this application to a modern conception of miasma. Thus in 1790 the prevailing theory was that solar-lunar influences had a direct bearing on malaria.

That the poison was contained in the intestinal mucosa, and was developed by certain solar-lunar influences. Many British medical men of large experience in India, continued to give credence to this fallacy as late as 1861.

In 1824 it was held that c o, 2 c s, 2 h 2 s was the cause of disease. In 1827 this view was exploded for a more universal conception, that malaria was a factor not only in paroxysmal, intermittent and remittent forms, but cholera, smallpox, rheumatism etc., and necessary for its developments, were heat, moisture and dead vegetation.

In 1859 we find malaria used in a very broad sense, and was applied to very bad air and gases, or a combination of air and gases, which being absorbed by the lungs give rise to a combination of symptoms grouped and called a disease. This would probably suit the opinions of a majority to-day—we might say—in the evolution of diseases we specifically title malaria as included in the genus Miasm. The ancient writers also recognized that condition of engorgement of spleen and tumefaction of viscera, which is now called a result of exposure to malaria.

Hippocrates attributed it to the use of pond and marsh water for drinking purposes, but Galen recognized a marsh gas that contaminated the air and produced similar results. In 1871 so-called malarial diseases were directly attributed to cold and chill after exposure to great heat. This view was maintained until 1875.

In 1863 the animacular theory was advocated. It was soon

proven the harmlessness of the infusorial forms of life in water and air and the want of connection with paroxysmal fevers.

In 1872 the theory of a living contagion was revived and with much enthusiasm a search for a living essence of diseases was made. In 1884 the climax of miasmatic was reached in the hypothetical theory that marsh miasm was not in it at all, but the poison of malaria was specific and was only transmitted by nature's own device, and the proboscis of the mosquito was the inoculatory needle. What is the result of the many different views? Malaria has ceased to be regarded as dependent upon the decay of rank vegetation, and has been superseded by the theory of a specific emanation from organic matter in the soil, in the state of fermentation induced by heat and moisture. When considering all the facts adduced to support the evolution of malaria from organic soils, the inadequacy of the theory to furnish satisfactory proof is very manifest.

What becomes of all the malaria exhaled by the soil? Does it return to mother earth or does it arise serenely and float away on the wafting wind to ethereal space?

Laveran claims, the black pigments in the blood of malarial cases and deposits in the capillaries of liver, spleen, etc., is a result of the vital action of a malarial parasite. The black pigments were latter proven to be the result of degeneration blood of malarial patients, but in no way the cause of malaria. The white cell is the female cell and is always impregnated with granules and nourishment which moves slowly around and deposits where needed. The red cell is male and has only to do with the interchange of gases from blood to lungs. Laveran's bodies are mostly the kind of degenerated blood cells turned out by a distempered spleen, dragged down from its high pinnacle of evolution, by malaria.

To come to a conclusion we will admit malaria is caused by a living organism, whose successive generations accumulate in the soil, the result of certain atmospheric conditions the combined effects of heat and moisture on vegetable or animal decomposition, producing a parasite of a distinct type and form, which will infect under favorable environments the human system by mouth, skin or lungs. It goes direct



into the circulation and takes up headquarters in the spleen, "we are pleased to call this plasmodium malaria." Its object of life seems to be to destroy the red blood corpuscle, and render the white cell unable by degeneration to do its life-giving work. We have as a result a toxemic condition of the system of its own chemic changes. This condition, by reason of the metabolic changes, produces a series of vaso-motor disturbances analogous to toxemia. There is no specific poison known capable of originating such morbid phenomena characterized by such marked diurnal periodicity.

No observation need be adduced to establish the water born habit of malaria. It also loves the ground. The poison is not reproduced within the system, this is undeniable. No intensification of the poison is manifest by overcrowding the sick, neither does any contact with the sick impart malarial affections. It is not interchangeable with other poisons, nor does it modify other specific morbid germs, as to produce a third bastard, or compound of disease, which statement is fairly sustained by collective clinical observations.

The spleen is unquestionably the organ most concerned in the production or elaboration of the white cell. The temperature of the blood in health shows regular diurnal variations between 97 and 99 degrees, F, which largely depends upon the periodical nocturnal inactivity and the diurnal activity of the system. This fact in conjunction with the rhythmic movement of the spleen and its double circulation may in some way largely influence or control the thermal centers and by a small or large dose of malaria develop the type of fever, intermittent or remittent as it were.

The physical effects of malaria on the spleen being enlargement—this necessarily superinduces a discorded function, rendering the spleen unable to manufacture a perfect white blood cell, hence the normal supply of life-giving white cells is cut off, and we have a barren or lifeless organism, which does not nourish the tissues. We have loss of weight, dry, harsh skin, which characterizes anemia, indicating chronic malaria.

If need be, we can look about us daily and see the many, most prolific causes, domiciled as it were in the most habita-

ble portion of our city, and find every feasible factor of the productivity of bad air, bad gases, of rank and decomposing vegetation, or the fermentative process in nature's own crucible. in the pristine state of development, and purity, under the most imaginable favorable conditions, for the development of malaria, or any concomitant part thereof, "and yet do we have it? I say no." Then there must be some modifying cause or else we would gladly set up a central station, and supply a drouth of malaria *ad libitum infinitum*."

The most plausible objective, physical, modifying effect would seem to be good drainage, street paving and a general sanitary condition of a populous community. This would be an objectionable explanation. Continuous observation shows it to be a fact that where people mass together under the most deplorable state of unsanitary conditions, we find malaria disappearing even though it prior existed in all of its manifestations. Then we might consider psychological and social causes, as being modifying factors, but we will pass to (in my opinion) the greatest modifying cause, and that is the trolley street car system, that traverses our midst, and is continuously discharging one of nature's most active agents, an allotropic form of oxygen or ozone, which readily kills all air-forms of parasite, at the same time a most powerful deodorant and purifier. Much could be said on this subject, but I will pass on. Next in order is the arc electric light, which is beautiful to behold and instructive to gaze upon, a destroyer of all kinds of infinitesimals. Next in order is the gas light, which is a luxury only the few can enjoy, but nevertheless plays its part, not only burning up poison that might have been lying in wait to settle down on the slumber of the early morn, but gives off an unoxidized gas that is both poison to big and little microbes. Again, how much coal is consumed in the corporate limits of Houston. In one day what becomes of the gases which are the result of the oxidation? Formaldehyde, what part does it play in our economy, certainly acts with a purpose. Nothing is lost in nature. These modifying factors as you will have observed, are physical, objective and chemical, whether the change be at the interruption of the trolley and flash of electricity, a result of heat and oxidation. Whether it be at the points of the carbon electrodes in

the arc light, whether it be at the gas tip or whether it be in the fire grate we have a chemical change and the result is heat, light, oxidation, all things are chemical. Life itself is a composition and decomposition just so it remains always the same, "no loss no gain, chemic we remain."

In addition to the above enumerated facts, the trend of medical thought seems to be to displace into the happy theory of aerification of malaria and digress backward to Hippocrates' original conception; that is, that malaria is a water bred, born and propagated disease. "Sterilized water for drinking purposes will entirely eliminate it." Many happy examples of the latter theory can be produced in our State. Houston, Waco, and several smaller places, since beginning the use of artesian water for drinking purposes, have shown a great falling off of malaria. The same can be said of some large plantations in the Brazos bottom and valleys where artesian water is used exclusively for drinking. The periodical visitation of malaria has disappeared largely, or very much mitigated types prevail. Though I am not prepared to give accurate data to sustain the above assumptions nor sufficient argument to sway (the crank malaria) I am positive much good, and light, can be thrown upon the subject, by more pains-taking study, and observation. Developing the history of malarial diseases in Texas and following up by example, I am bound, to the chemical, and natural, or evolutionary tendency of malaria and firmly believe that in the next few years, it will be as rare as in the past it has been common. It will be supplanted by a nameless fever now existing, but not recognized, as malaria or typhoid. I have duped it Texas Typhoid Fever—no other like it. Nit.

---

## REPORTS OF CASES.

### **Treatment of Epithelomia by Virus of the Living Culture and Toxines of Erysipelas.**

REPORTED BY R. W. KNOX, A. M., M. D., HOUSTON, TEXAS.

Case J. W. Growth occupied originally the parotid region and was operated on in July by Dr. Wyeth, of New

York. The parotid gland and surrounding tissues were extensively removed by the knife, necessitating the tying of the external jugular vein, the external, internal, and common carotid arteries. Complete removal was found to be impossible. The growth reappeared some weeks after removal, making rapid progress in the deep angle of the wound, behind the ear. The tumor was soft and friable, bleeding easily. The general condition of patient was fairly good, pulse, respiration and temperature normal. Sept. 12th made application to growth of living culture on sterilized gauze: quantity used, 20 minims; no change in patient's condition noticed in any way. This was repeated Sept. the 14th, 16th, 18th and 20th with same result, possibly a slight increase in suppuration and odor from wound. Sept. 21st injected 3 drops of 10 per cent. sol. cocaine and immediately afterwards two drops of toxine solution. A slight febrile reaction occurred; temperature not taken; patient was not made especially uncomfortable. Sept. 22d at 9 a. m. omitted cocaine and injected 4 drops of toxines well into the margin of growth. At 9:30 patient had a severe chill with nausea and vomiting; saw him at 10 a. m., was feeling very uncomfortable and much nauseated, pulse 130, small and thready; resp. 30 and labored; temp. in axilla 105 F. Nothing was given except small pieces of ice. At eleven a. m. was more comfortable; temp. 103 1-2; pulse stronger, 120; resp. nearly normal. Pulse and temperature continued high during afternoon and subsided to normal about 10 p. m. Patient slept well during the night. The growth was not much changed, presented a more ashen hue, but suppuration not much increased. It was thought best not to repeat the injection. The growth increased rapidly and soon caused the patient's death.

---

DOCTOR: Your library is not complete without the *Hypnotic Magazine*. Cost of this handsome monthly, including premium book on "Suggestive Therapeutics," is only ONE DOLLAR (\$1.00) a year. THE PSYCHIC PUBLISHING CO., 56 Fifth Avenue, Chicago.

# Southwestern MEDICAL RECORD.

---

All communications for the editors, original contributions, exchanges, books for review, etc., should be addressed to SOUTHWESTERN MEDICAL RECORD, Houston, Texas.

All communications of a business nature, all money orders, drafts, checks, etc., should be addressed and made payable to ROBT. T. MORRIS, M.D., Secretary, Houston, Texas.

The editors are not responsible for the statements or opinions of contributors.

*To Contributors and Correspondents.*—Original Articles, Clinical Reports, Correspondence upon subjects of General or Special Interest, News Items, etc., are solicited from members of the profession everywhere

---

Entered as second class mail matter at the Postoffice at Houston, Texas.

---

## EDITORIAL DEPARTMENT.

---

The Epidemic of  
Dengue as it ap-  
pears in Hous-  
ton.

THE histories of Dengue fever mostly date their origin from the last half of the last century, since which time there have been frequent epidemics in various parts of the civilized world. We had never seen any dengue fever prior to its appearance in Houston about September 1st. Dr. H. D. Schmidt, of New Or-



leans, in writing of this disease in 1885, described it as follows: "Dengue is a peculiar febrile disease, generally appearing epidemically in tropical or semi-tropical regions and characterized by a single paroxysm with or without remissions, severe pains, and stiffness in the joints and muscles, a peculiar exanthematous eruption, and almost never terminating fatally.

From September 1st, to September 25th we have seen and treated 47 cases of what we believe to be dengue fever. More than two thirds of these cases were attacked suddenly and in the night; in only one case did we get a history of a well marked severe paroxysm. All commenced with an aching of the bones. The patient would say "my bones all ache," severe pain in the cervical and dorsal regions of the spinal column, the bone hurting period as described by the patient lasts from 12 to 48 hours, and temperature ranges during this stage from 101 degree to 103 degrees; after the bone aching ceases the temperature rises and in 22 of the 47 cases it reached 105 degrees at 4 or 5 o'clock p. m., on fourth or fifth day. Our patients have complained of soreness but not of stiffness of the joints, as mentioned by Dr. Schmidt, nor have we noticed in a single instance that peculiar attitude of gait caused by stiffness and said to have given this disease the name of "dengue" or "dandy" fever. In several cases there was swelling of the hands and feet, and in one the face and tongue were greatly swollen for two days. No delirium, but restless nights with little sleep. More or less nausea in all cases, with vomiting in 14 cases; in one case the vomiting was very severe and lasted for three days.

The pulse does not rise with the temperature, but in most cases remains below normal. In five cases with a temperature of 105 degrees the pulse was from 40 to 45. In all except three cases the pulse was in frequency below normal after the second day. In all cases where the pulse was greatly

below normal, there was swelling of the hand and feet, but no organic heart trouble was found, nor albumen detected in the urine. In no case have we been able to discover any eruption as mentioned by most writers. The average duration of the fever is about five days. It is a self-limited disease, the patient gets well without drugs as quickly as with them, though a few drugs judiciously administered will add to the comfort of the patient. Quinine is of no value during the disease or as a prophylactic. Dovers' or Tulley's powder will relieve the pain and add to the comfort of the patient. We have used a tablet with much satisfaction, composed of Tulley's powder and acetanilid, two and one-half grains of each; give every 3 to 6 hours. Meat broths constitute the best diet, there being less nausea with this than other diets. In the cases of great muscular prostration the convalescence to normal strength is slow.

B.

---

**New Professor of  
Practice in the  
Medical Department  
of the University of Texas.**

THE appointment of Dr. J. W. McLaughlin, of Austin, Texas, to fill the vacancy in the chair of practice of Medicine, at Galveston, created by the resignation of Dr. H. A. West, will undoubtedly meet with the hearty and universal approval of the profession throughout the State. The Board of Regents, as well as the medical fraternity, should consider itself fortunate in securing the services of Dr. McLaughlin as professor of practice. Professor McLaughlin is thoroughly well qualified, both as a gentleman and a physician, to successfully and satisfactorily meet all the requirements of his new position. We are exceedingly well satisfied with the appointment. It is an evidence on the part of the Board of Regents that the profession

in Texas contains physicians, who although not educated as professors, can when called upon to do so. fill these professorships with credit to themselves and profession.

Furthermore the appointment is *the* honorarium of a long and successful medical career. It was conferred on a man who has grown gray in the services of the sick room and in experience with *Texas diseases*.

J. A. M.

**The Sanitary and Health Condition of Houston with special reference to the epidemic of Yellow fever.**

IN view of the very general *scare* throughout Texas, that there is yellow fever in and around Houston, we consider it our duty to especially assure, and satisfy the professional mind in regards to this matter. The popular mind is like a powder magazine, innocent until ignited. Ignition took place the other day when State Health officer Swearingen declared the case of Thomas Lovejoy, of Beaumont, who died, to be very suspicious of yellow fever. The professional mind during the excitement of an epidemic. and more particularly when there is only a suspicion, should be above giving credence to idle rumor. The members of our profession are *the ones* to whom every body always looks for advice and disinterested honesty, especially during *times like these*. Houston's sanitary condition has not been better in years. The high grass and weeds have been cut from the sidewalks and streets and carted away. The gutters have been cleaned of their contents and large quantities of lime thrown in to slake. There has been a house to house inspection, and the tenants directed to use disinfectants on their premises. In fact every thing has been done to render the city perfectly healthy and free from the slightest unsanitary element. Mayor Rice has

appointed the following gentlemen to compose an auxilliary board of health: Drs. D. F. Stuart, chair, J. W. Scott, Max Urwitz, W. R. Eckhardt and R. G. Turner. We do not believe there are any yellow fever liars in the profession, even if they are numerous among the laymen, so any statement coming from the above named board can be thoroughly relied upon to be honest, conscientious and made always with careful consideration for the public welfare.

J. A. M.

---

## CORRESPONDENCE.

SEPTEMBER 13, 1897.

SOUTHWESTERN MEDICAL RECORD:

EDITORS: If any of your readers ever have a case of unyielding supraorbital neuralgia, the same can be surely and permanently cured by injecting subcutaneously over the site of pain this:

R<sub>y</sub>

Tr. veratrum viride (n) gtts. ii.

Morphia sulph. grs. 1-4.

Aqua qs.

For seventeen years I have used this R<sub>y</sub> without a single failure of cure. Don't forget to tell the patient before you use the remedy that it is a severe one; for I assure you, if there were a red hot iron pressing against the site of disease the pain could not be greater. Happily, however, this pain does not last over one minute, after which the pain subsides and the cure is permanent.

I believe this R<sub>y</sub> would produce like good results in any portion of the body under like causes; for instance in Dr. J. W. Scott's case (SOUTHWESTERN MEDICAL RECORD, September, 1897,) of *supposed* renal calculus—this treatment would have permanently relieved the patient. Had that been my case I would have treated it altogether differently from the way Dr. Scott did. In fact my diagnosis would have been

different. His own statement of the case proves conclusively that it was not renal disease. I would have pronounced this a case of myalgia—I would have applied a large fly blister over the site of pain and given Quinine for its antidotal and anodyne properties.

Failing in this I would have used colchicum and salicylate of soda and a little mercury in small repeated doses for hepatic and systemic effect would have been sufficient to cure the patient. I make my criticism of Dr. Scott's case in kindness, and hope not to offend him. Surely his report of the case proves that it was not renal calculus, while the result of his therapeutics gives double assurance of his error in diagnosis. With best wishes for the SOUTHWESTERN MEDICAL RECORD, I am truly yours.

T. J. PUGH, M. D.

## SOCIETY PROCEEDINGS.

### BRAZOS VALLEY MEDICAL ASSOCIATION.

EASTERLY, ROBERTSON CO., TEX. }  
September 20th, 1897. }

The Fourth Semi-Annual Session of the Brazos Valley Medical Association convenes at Navasota, Texas, the Second Tuesday and Wednesday in November, next, same being the ninth and tenth of the month.

DEAR DOCTOR:

We are flattered with the prospect of a pleasant and profitable meeting. Lay aside the cares of life for two days and join with us in making this one of the most successful and interesting sessions ever held by our Association. We need your assistance, and cordially invite you to be present. The physicians of Navasota are exerting themselves to entertain everyone who may attend. The meeting will be called to order promptly at 10 o'clock, a. m. Now, Doctor, don't fail to come and bring your wife with you. For any desired information address Dr. G. M. Abney, Pres. B. V. M. A., Franklin, Texas; Dr. D. L. Peeples, Vice-Pres. B. V. M. A., Navasota, Texas; or to Dr. W. B. Briggs, Sec'y B. V. M. A., Easterly, Texas.

The American Pediatric Society is making a Collective Investigation of Infantile Scourvy as occurring in North



America, and earnestly requests the co-operation of physicians, through their sending of reports of cases, whether these have already been published or not. No case will be used in such a way as to interfere with its subsequent publication by the observer. Blanks containing questions to be filled out will be furnished on application to any one of the committee. A final printed report of the investigation will be sent those furnishing cases.

[Signed].

J. P. CROZER GRIFFITH, M. D., Chairman, 123, S. 18th St., Philadelphia.

WILLIAM D. BOOKER, M. D., 853 Park Ave., Baltimore.

CHARLES G. JENNINGS, M. D., 457 Jefferson Ave., Detroit.

AUGUSTUS CAILLE, M. D., 753 Madison Ave., New York City.

J. LOVETT MORSE, M. D., 317 Marlboro St., Boston.

Committee.

DEAR DOCTOR:

You are invited with your friends to attend the Ninth Annual Meeting of the Tri-State Medical Society of Alabama, Georgia and Tennessee, to be held in the Auditorium of the Tulane Hotel, corner of Church and Spruce Sts., Nashville, Tenn., Tuesday, Wednesday and Thursday, Oct. 12, 13 and 14, 1897.

If you desire to read a paper, report a case or exhibit a specimen, notify the secretary.

Reduced railroad rates to the Tennessee Centennial.

FRANK TRESTER SMITH, M. D., Secretary, Chattanooga, Tenn.

W. F. WESTMORELAND, M. D., President, Atlanta, Ga.

W. D. HAGGARD, JR., M. D., Chairman Committee of Arrangements, Nashville, Tenn.

#### PROGRAM.

Tuesday, Oct. 12, 1897, Morning Session.—Registration, introductions, etc., 9:00 to 10:00 a. m. Reading of papers and discussions, 10:00 to 12 a. m.

Afternoon session, 2:00 to 5:00 p. m.—Reading of papers and discussions.

Night, 7:45 p. m.—Concert by Conterno's band and fireworks at Centennial grounds.

Wednesday, Oct. 13, Morning Session, 9:00 to 12:00 a. m.—Reading of papers and discussions.

Afternoon.—Tri-State Medical Society Day at Tennessee Centennial.

Night Session, 7:30 to 9:00 p. m.—Reading of papers and discussions. Exhibition of X ray apparatus.

Thursday, October 14, Morning Session, 9:00 to 12:00 a. m.—Reading of papers and discussions. Election of officers.

Afternoon Session 2:00 to 5:00 p. m.—Reading of papers and discussions.

Night Session, 7:30 to 9:00 p. m.—Reading of papers and discussions.

---

## THE MISSISSIPPI VALLEY MEDICAL ASSOCIATION.

MEETING AT LOUISVILLE, OCT. 5-6-7-8, 1896.

Arrangements are now about completed for the meeting of the Association at Louisville on October 5-6-7-8, 1897. The different passenger associations have granted a round-trip rate of one and one-third fare on the certificate plan. The sessions will be held at the Liederkrantz Hall, and the headquarters will be at the Louisville Hotel.

Dr. Thomas Hunt Stucky, Louisville, President; Dr. Hanau W. Loeb, St. Louis, Secretary; Dr. H. Horace Grant, Louisville, Chairman of the Committee of Arrangements.

---

## THE CASE OF EVA DUNCANS.

---

### DEATH BY COMA---PROBABLY URAEMIC.

#### The Clinical and Pathological Picture.

BY EDWARD B. JACKSON, M. D., HOUSTON, TEXAS.

For the Southwestern Medical Record.

Upon the request of the editors of this widely-read journal, I take pleasure in appending a resume of the symptoms, course and termination of this unfortunate patient. Some of the observations made clinically, and some made at the necropsy, may not have been as lucid as the scientist would wish, but, as they were taken day by day and post mortem, it will here be endeavored to record them perspicuously and explicitly.

The 30th ultimo, at 8 p. m., in the presence of a deputation of Galveston physicians and the local advisory board I

made the following extempore speech report. I now copy from the *Houston Post* of the 1st inst.

Dr. Jackson said: "On September 26, at about 10 o'clock, Dr. Ramsey came into my office and asked me to go with him to see the patient, Eva Duncans. That was on the sixth day after he had taken charge of the case. I found that the doctor had attended her for three days for fever; that she got up on Wednesday evening and intended to remain up, but felt faint Thursday and went back to bed. The doctor stated that she had continuous fever during those three days and that on Saturday her urine had been quite dark and of a bloody appearance. I inquired about her bowels and the action of her kidneys and asked to see some of the secretions. Her mother stated that menstruation had set in during the patient's illness which had probably colored the urine. I proposed to Dr. Ramsey that we draw the urine, which we did, obtaining about an ounce of very dark, wine colored urine. At that time her temperature was about 101 and her pulse was somewhere in the neighborhood of 98 or 100. I examined the liver and found no enlargement whatever. The skin was very much shriveled and dry like parchment, and there was an icteroid condition of the eye very apparent at that time. The tongue was dark-colored and the papilla came up very prominently through the dark brown coating on the tongue, and I have never before seen a tongue that resembled this one at that time. She had been taking sulphate of iron in capsules and this medicine never came in contact with her tongue or teeth.

"After viewing the tongue, and noting this icteroid condition of the eye, I felt that I should examine the urine very carefully. I returned to my office and Dr. Ramsey and I made a preparation of it and boiled it, and found what appeared to be about 90 per cent. coagula. There was probably 30 per cent. albumen. To make sure what the coagula was I went to drug store and made up an emulsion of one drachm each of oil of turpentine and tincture of guaiacum. Into this I poured two drachms of the urine and it instantly assumed a cobalt blue color, showing conclusively that there was blood in it. I then tested the urine to ascertain if there was bile in it. There was no play of the colors of the spectroscope at all, showing that there was no bile in the urine and that the jaundice was probably hematogenous, but I did not know from what source.

"After testing the urine of this patient I told Dr. Ramsey that we had better get a little help in the case, and as Dr. Swearingen was in the city, I urged that we show him the urine. Dr. Ramsey remained in my office while I went after

Dr. Swearingen, who declined to examine the urine, saying that he wanted first to see the case.

“Right here I wish to say, that if I could have found bile in that urine and could have made up my mind that there was some condition of the liver producing reabsorption of bile, thus bringing about this condition of the eye and urine, I would have had a better idea of the patient’s complaint and would not have been anxious about the case.

“Dr. Swearingen went over and examined the case very carefully. On the way back we talked the matter over in the buggy, and he said he wanted Dr. Stuart to see the patient. We went to Dr. Stuart’s office, told him about the case and he said he would like to take the members of the board of health out to see the girl. Dr. Swearingen said he did not think there was any use to do this, so Dr. Stuart came down in my office and I made a new preparation of the urine and boiled it in his presence and, macroscopically, there was about 90 per cent. coagula. We made another bile test with the same result as my former test, and then Dr. Swearingen said, wait until 5:30 p. m. and he would visit the patient. We called at that time and found no perceptible change in her condition. In the morning Dr. Swearingen had said that he did not want so many people running in and out to see the patient. When we returned in the afternoon, after having made the urine test, we found two or three people there to see the girl, and Dr. Swearingen said on the way back to the city that the people must be stopped from seeing the patient, and that he regretted that Dr. Stuart had not yet seen her. He sent a note by me to Dr. Stuart, asking him to send a guard out to the house on Robin street, and the guard was placed that night. Sometime during the night the board of health examined the patient, the physicians disagreeing with Dr. Swearingen that the case was suspicious and the guard was removed. The next morning at 10 o’clock Dr. Swearingen went out to see the patient and found that the guard was not there. He immediately called a special meeting of the board of health, I gave them a clinical picture of the case and it was decided then that at Dr. Swearingen’s request the guard would be replaced and a bulletin was issued quarantining the premises.

“We found the patient’s temperature two mornings in succession at 97, which is about 2 degrees below normal. In the evening it goes up again about 100, and on one occasion I found it 103 1-2. Her pulse was usually 96 in the morning and probably 106 or 108 in the afternoon. This shriveled condition of the skin has continued to exist and she has only been in perspiration one or twice. These symptoms would indicate to me that it is some kind of a septic case: I

do not say that it is yellow fever or that it is malaria. The urine has not been examined microscopically, but it has been examined with the guaiacum test. The patient has been taking a little nourishment all along and has not complained of very much nausea. She is a very bright girl, very quick in her ideas and very prompt in her expressions. During Sunday and nearly all the time since then there has been a slight stupefaction of her mind and she is rather slow in replying to questions, but with her temperature fluctuating as it has been and her kidneys in such a condition, it is not to be expected that the patient would remain perfectly bright mentally. The day I first called to see her she passed two ounces of urine in twenty-four hours, of the character which I examined. I have tested the urine every day up to to-day, and it seemed much cleared to-day.

“On Tuesday she vomited about a pint at one time of very dark-green substance, resembling bile. It appeared to contain a great many mucous flakes and was streaked with gummy-looking, gelatine mucous. This I placed in a pint bottle and brought it down and had it examined by Mr. Shaeffer, asking him to examine it for urea and blood. He said that he could not only discover urea, but that if it were present he could isolate it and tell what percentage of it existed. He did not find any urea, but he found blood discs. There were a great many small black crystals in this vomited matter, but I never saw crystals in vomited matter so large as these. When I learned that no urea had been found I did not consider the vomit matter of any serious import. When the board of health claimed that the disease was malaria, I suggested to the members that they have the blood examined for Lavan’s ring-shaped, flagellated and crescentic bodies. Dr. Scott considered this unnecessary. I then suggested to the board, merely for the elucidation of the case, that I knew of nothing that would produce the symptoms of this case unless it was yellow fever, malarial hematuria, or phosphorus poisoning, which creates inflammation of the kidneys, black vomit, and a yellow hue of the body. This suggestion was dismissed at once.

“I did not hear that the girl was sick before going to Beaumont. She was in my office two or three weeks ago and stated that before she went back to Marshall she wanted to get her mother to bring her to me, as she thought she needed some medical attention. I think Dr. Ramsey has given a very good clinical picture of the case, and the fact that I called in somebody to endeavor to clear the case up, is no reflection upon him as a physician or otherwise. I think he has given you a reliable picture of the case up to the time I saw her. When I first saw the patient the tongue was somewhat swol-



len, but the gums did not impress me as being of any special character. There was no discoloration of the gums at that time, and no gastric tenderness. There was no enlargement of the liver, and if there was any perceptible enlargement of the spleen I did not detect it; and I have seen no hysterical symptoms."

On the morning of October 1st, about 8 o'clock, the patient, after ejecting from the stomach a half pint of colored fluid—quantity and color estimated by nurse—fell rapidly into coma—not profound—sufficient to obliterate ideation and pronunciation, dying without further utterance shortly after 12 noon. At 5 p. m. I removed half of the liver, containing the gall bladder intact, the right kidney; the stomach was excised between two stout ligatures, thus confining its contents, which later were found to be virtually *nil*; the spleen was not apparently enlarged; the uterus was not enlarged.

#### THE NECROPSY.

"We tried three times, through the expressed disintegrated blood from the liver, kidney and contents of gall bladder, to find Lavarán's plasmodium malariae, but could not locate any one of the four bodies which he has so accurately described. Can they only be demonstrated in living blood?

"We are sorry the editor must have this report to-night, since the chemical analysis is not yet complete. To-morrow will be spent in trying to discover if there be granular matter blocking the tubuli uriniferi; if there be detached epithelial cells and oil globules in the kidney; and if the liver have really undergone fatty degeneration. The macroscopical characters and the chemical tests already seen are as follows:

"Stomach empty, mucous membrane eroded; reaction of its surface alkaline; blood vessels much distended; no urea found.

"Liver, pale, bronze color; bloodless; its substance when macerated indicated urea.

"Gall bladder contained about six fluid drachms of a dark, grumous fluid, consisting principally of blood and urea, the latter in the proportion of about two-thirds grain to each 4 c. c. of the fluid; bile was also indicated.

"Kidneys, much enlarged; brownish gray color, corticle substance thickened and soft and easily torn.

"This is as far as the examination has progressed.

"A. E. SHAEFFER, Chemist,

"E. B. JACKSON, M. D.,

"R. G. TURNER, M. D.,

"J. J. BURTON, M. D.,

"P. H. CRONIN, M. D.

"Oct. 1st, 11:30 p. m."

## NEWS AND MISCELLANY.

Dr. R. W. Knox of Houston, is in New York among the medical colleges.

Dr. DaCosta has been honored with the degree of LL. D., conferred by Harvard University.

Dr. J. Alfred Bodine, late of the New York Polyclinic, has located in San Antonio for the practice of surgery.

The squabble at Sabine Pass over quarantine control between State and National authorities confirms our belief that State quarantine should pass to the control of the general government.

Houston is badly in need of a garbage crematory and now that the city is agitating the ownership of her own electric light plant, why cannot the city fathers supply the city with both of these in one? Houston needs them both and should have them. Nothing is too good for Houston.

Bellvue Medical College is to have a new building. The plans recently filed call for a five-story structure, to be erected on a plot 73.5 by 75.2, to occupy the southwest corner of First avenue and Twenty-sixth street, adjoining the Carnegie Laboratory. The new building will cost about \$95,000.

A WISE PRECAUTION.—Several prominent insurance companies refuse to consider an application from a “graduate” of a Keeley-Cure, no matter how good a risk otherwise the man may seem, or how little of an inebriate he may have been. The reason given is that persons who have undergone this “treatment” are prone to premature death, due, supposedly to the severe drugs used.—*Medical Herald*.

The Houston District Medical Association, at its meeting in August appointed the following committee to use its efforts in securing the appointment of Texas physicians to fill the vacancies in the medical faculty at Galveston: Drs. S. C. Red, J. W. Scott, J. A. Mullen, F. B. King and R. T. Morris. These gentlemen feel especially gratified by the ap-

pointment of Dr. J. W. McLaughlin. It was due to their efforts that the matter was agitated in the lay press.

Recently Dr. Knight, the editor of the *Medical Counselor* of Detroit, requested a large number of Homeopathic physicians located in various parts of the United States to report what results they had in treating diphtheria with homeopathic remedies. 1030 cases were reported with 76 deaths, showing a death rate 7.38 per cent. A recent report of 1972 cases treated in the South Department of the Boston City Hospital with anti-toxin resulted in a death rate of 13.4—*People's Health Journal*.

Intelligent physicians everywhere are making the discovery that there is profound wisdom in the assertion made by the late Dr. Willard Parker many years ago—that “*materia alimentaria* is a matter of vastly greater importance than *materia medica*,” and that what a pungent writer has described as “the monstrous polypharmacy of our modern times,” is a tremendous obstacle in the way of not only medical progress but of the progress of patients toward recovery.—*Modern Medicine*.

**ELECTRICITY FROM GARBAGE.**—The newly installed system at Shoreditch, London, whereby a garbage crematory is combined with an electric light plant, the burning of the city refuse furnishing enough heat to drive engines for the supply of over four thousand lamps, has been attracting a great deal of attention. No new scientific principles are involved, of course, but some details of construction and operation are worthy of attention. The possibility of so utilizing garbage was announced more than four years ago at St. Louis by Prof. George Forbes, an English engineer.—*Literary Digest*.

**THE CITY TO ADMINISTER THE TREATMENT.**—The Scranton (Pa.) Board of Health has offered a decidedly novel proposition to the medical men of their district. They ask the privilege of having one competent man take charge of the administration of antitoxin in all cases of diphtheria reported to them. The physician in charge is to get his usual fee or fees, but the health officer is to do the treating of the case. The board has asked the Council to appropriate an

extra \$500 as a starter for this new departure. If they get it, we will watch the experiment with great interest.—*Atlantic Med. Weekly*.

TUBERCLE BACILLI.—There are at least four avenues through which tubercle bacilli may gain access to the human body. They are the respiratory tract, the intestinal tract, abraded surfaces, and the placental circulation. By far the most common of these is entrance by the respiratory tract, the germs being breathed in in the form of very fine dust, the result of dried and neglected sputa of tuberculous patients. Infection through the intestinal tract is not so common. Milk and meat of tuberculous cattle, and food which has been handled or infected by a person suffering from tuberculosis, furnish the means by which the germs are conveyed in this way.—*Dietetic and Hygienic Gazette*, Sept.'97.

SUMMER DIARRHŒA IN INFANTS.—Dr. Wells, in a recent discussion of this subject, called attention to the necessity of instant removal of milk as an article of diet, should diarrhœa and vomiting appear. To continue feeding an infant on milk under these conditions, is worse than foolish, and is adding fuel to the flame. These infants should receive no food for from twelve to twenty-four hours, but they may be given a few drops of brandy in sterilized water. At the end of this time, a little freshly prepared beef-juice, panopepton or albumen water may be used every three or four hours, with benefit, and in forty-eight or seventy-two hours, if vomiting and diarrhœa have entirely ceased, a mild formula, low in proteids and fats, may be tried, and, if no bad symptoms follow, may be repeated. Proper medical treatment, of course, should be used.—*Phila. Polyclinic*.

SENN SURGICAL PRIZE.—A medal, to be known as the Nicholas Senn prize medal, will be awarded at the annual meeting in 1898, to that member of the American Medical Association who shall present the best essay upon some surgical subject. Two other essays, if any are worthy, will receive honorable mention. The conditions of the competition are as follows: (1.) The name of the author of each competing essay shall be enclosed in a sealed envelope bearing a

suitable motto or device: the essay itself bearing the same motto or device; the title of the successful essay and the motto or device to be read at the meeting at which the award is made, and the corresponding envelope to be then and there opened, and the name of the successful author announced. (2.) All successful essays become the property of the Association. (3.) The competition is to be confined to those who, at the time of entering the competition, as well as the time of conferring the medal, shall be members of the American Medical Association. (4.) The competition will be closed three months before the next annual meeting of the American Medical Association, and no essays will be received after March 1, 1898. Competitors will address their essays to Dr. J. McFadden Gaston, 11-2 Edgewood avenue, Atlanta, Ga.—*Medical Herald*.

The RECORD takes great pleasure in stating that Dr. J. W. McLaughlin of Austin, Texas, was elected to the chair of practice in the Medical Department of the University of Galveston. At the same time, September 18th, the regents also selected Dr. W. S. Carter of the University of Pa., to the chair of physiology. While Dr. Carter is doubtless eminently qualified for the position, still we feel that the regents overlooked equally as capable material nearer home. To Dr. Carter we extend however a cordial welcome and wish him abundant success in his new field.

The *Galveston News* reports President Winston to have said:

In speaking of the new professors last evening Dr. Winston said:

“The board of regents has given due regard to the learning of Texas doctors, and at the same time has had due regard for the welfare of the Texas youth, and in making these selections their one aim has been to obtain the very best teachers possible.”—*Houston Post*.

“Due regard for the welfare of the Texas youth!” I have examined this clipping from every point of view and am at a loss to know whether Dr. Winston meant it for sarcasm, silly nonsense, or just plain “Tar-heel” etiquette.



OBITUARY.—On August 6th, 1897, Dr. T. W. Markham, the oldest practitioner in Walker county, died at the home of his sister, Mrs. E. C. Smithers. He was born in Chesterfield county Va., in 1823, and practiced medicine in Huntsville 45 years. His father, Osborne Markham and mother, Emily Woodson, were both native Virginians. In 1835, the family moved to Tipton county, Tenn., where he attended school until 17 years of age. In 1842 he studied law under Archibald Wright of Pulaski, Tenn., and later at Covington, was admitted to the bar in 1844. He never practiced law, but in 1846 commenced the study of medicine, first, under Dr. J. A. Green of Covington, and Dr. Samuel Reed of Randolph; he graduated in 1853 at the Memphis Medical college, Profs. Merrill, Taylor and Quintard being about the only legible names now on the diploma. He was married to Miss Indiana Booker at Tipton, Tenn., May 28th, 1846. She died December 31st, 1860, leaving to him three children, Francis E. Markham and Jas. S. Markham of Huntsville and Mrs. H. J. Brown of Houston. He was an Odd Fellow and served as Noble Grand. At his death he was a communicant of the Episcopal church. The doctor was a man of rare mental attainments and to within a few weeks of his death kept himself thoroughly posted on all the recent advances in the medical world. He was a warm, true friend, always extending the hand of encouragement and welcome to the younger members of the profession, and cheerfully assisted them in any way possible.

During the yellow fever epidemic in Huntsville, the Doctor was one of the first to contract the disease, but so much was he attached to the people among whom he lived, that before he was able to get into his buggy without assistance, he began to visit and minister to those still in distress. He was the family physician of Gen. Sam Houston, and frequently mentioned many things of interest connected with this Texas hero. For fifteen years the Doctor was not outside of the bounds of his practice, which extended from 20 to 35 miles in all directions.

## PUBLISHERS' NOTES.

TO PHYSICIANS.—When over in the first ward you can have your powders dispensed in elegant cachets or wafers by writing, Ft. Cachets, on your prescriptions and sending them to Richards' drug store, 1702 Houston avenue.

The remarkable collection of Mineral Waters, known as Sour Lake, is situated in Hardin County, Texas, about eight miles from Sour Lake Station, on the Texas and New Orleans Railway. The Lake is located in a lovely spot, and is surrounded by a grove of stately old oaks, maple, sweet gum, etc., which afford a delightful shade, and a cool breeze blows continually from the south. The waters of the Lake have a strong acid taste, and close around it are thirteen separate and distinct springs, each one furnishing a different mineral water. The lake is studded with bubbling gas jets, which impregnate its waters, and a mineral healing tar oozes up out of the ground and floats upon the surface of some of the springs. This is collected, and is used in the treatment of all kinds of skin diseases, ulcers and scrofulous sores. Both the gas and the tar burn with great brilliancy when ignited. See ad in this issue.

---

**Worth Knowing.**

The following strong tribute to the merits of Imperial Granum is from one of the most eminent physicians of Philadelphia:

"I have had faithful trials made of Imperial Granum, and can announce it to the profession as a good, reliable food as a substitute for mother's milk in little babies afflicted with any digestive arrangement, but especially in enteritis or what is commonly known as summer complaint."

Physicians can obtain samples of this most valuable food free, charges prepaid, on application to John Carle & Sons, 153 Water Street, New York City.

# *Southwestern Medical Record.*

*A Progressive Monthly Journal of Practical Medicine and Surgery.*

---

VOL. II.

NOVEMBER, 1897.

No. 11.

---

## ORIGINAL COMMUNICATIONS.

### **Membranous Laryngitis, or True Croup.\***

J. P. OLIVER, M. D., CALDWELL, TEXAS.

Croupous laryngitis is that form of inflammation of the larynx in which a fibrinous, yellow-white tenacious exudation is deposited upon the mucous surface of the throat, larynx, trachea, and in some instances bronchial tubes also. The latter however is generally regarded more as a complication than an idiopathic disease. True croup brings on acute inflammation of the larynx with the exudation peculiar to croup. This exudation is loosely attached, and is frequently regenerated readily. The exudation and its detachment produce no loss of substance nor cicatrix. The word croup is of English-Scotch origin. It was first used by Watni Blair in 1713, and originally signified strangulation, whereas at the present time death is usually produced by asphyxia, the two terms not being very dissimilar as to results. Cook derives

---

\*Read at the Brazos Valley Medical Association, Cameron, Texas, May 12, 1897.

the name from the white membrane which occurs on the tongue of young fowls, and which we call the pip. Croup is frequently associated with croupous inflammation of the throat. Acute catarrhal inflammation of the upper air passages is of frequent occurrence in children, and usually is complicated with spasmodic trouble, together with œdema of the mucous membrane of the glottis, results in what is known as spasmodic, or false croup, embracing all the symptoms of true croup, save the exudation. In diphtheria the exudation is somewhat similar to true croup; indeed there are cases called diphtheritic croup, difficult of diagnosis, with this difference, that the exudations in croup is upon the mucous surfaces, whereas in diphtheria it occurs at the same time within the tissues, producing necrosis of the structures beneath the exudation, which causes secondary symptoms to follow, such as paretic troubles of the larynx, vocal chords, etc. Another distinction is the microbe peculiar to diphtheria. In croupous troubles there may or may not be microbes general in character, but not specific. Croup is a disease peculiar to childhood, usually from 2 to 7 years of age, although children under and above these ages are not exempt. After the seventh year the liability generally declines, so that in adult life acute laryngitis non-specific is very rare. The attempt to distinguish true croup from diphtheria was unsuccessful until the discovery by bacteriological investigations of the Klebs-Loeffler bacillus in the exudation peculiar to diphtheria. Indeed there are good reasons for supposing that the two affections are varieties of one and the same process; at one time croup predominating, at another diphtheria. Since the discovery, however, of the characteristic bacilli in diphtheria the controversy upon these points is somewhat abated. The advantage of microscopical investigations being confined perhaps only in isolated cases possibly to the practitioners of large cities, the country physicians and those of the smaller towns are placed at a disadvantage in making a positive diagnosis in cases presenting the symptoms of both diseases, and have to rely only upon general principles to arrive at anything like a correct diagnosis or prognosis—either mistake might subject him to more criticisms, both within and without the profession. Hence, in order to protect ourselves, we

should be very guarded, not only in our diagnosis but prognosis, in cases of doubt; giving ourselves the benefit of the doubt, at the same time using every precaution required for the patient's and public good.

Perhaps one of the greatest dangers of croup is stenosis of the glottis, which is produced by œdema of the tissue around the rima glottis, together with the exudation on the mucous membrane of the larynx. This condition, however, is peculiar to both diphtheria and croup. Another is, that croup is said to be a local trouble, while diphtheria is usually regarded as systemic. In true diphtheria it is said that any member of the body may be inoculated, and the true diphtheritic membrane obtained. In croup this is not the case. In some families there seems to be a predisposition to croupous inflammations. In fact this is so characteristic in some families or individuals that I am a strong believer in heredity. Almost all the ills to which the human economy is heir to, or a predisposition, is infrequently hand down from one generation to another. Hence in some families, as above stated, some are more subject to croup than others. Generally short necked fleshy children suffer more than those who are leaner and not so fleshy about the neck.

I have practiced medicine in my present locality for more than a quarter of a century past, and malarial diseases have exceeded by far all other diseases, especially along the Brazos Valley, and the valleys of the tributaries which flow into it. One of the most peculiar changes in the different types of diseases is the infrequency of croupous inflammations now compared with twenty five years ago. From 1868 to 1875 inclusive, I treated quite a number of cases, not only of what I thought was true croup, but croupous pneumonia and bronchitis. Of late years, but very few cases of idiopathic croup, pneumonia or bronchitis have occurred under my observation. Whence this change? Is it metrological, climatic, or is it from diminution of malarial influences; or is it from psychical changes in the human economy which to some extent immunize against those troubles. My opinion is that it is due more to diminished malarial influences than to any other causes or changes.

During these years referred to, hundreds of acres of land,



both upland and bottom, were put in cultivation. Hence, since that time decomposition of vegetable matter has not been so plentiful—this is why I think, to some extent, croupous troubles are not so frequent now.

Many of the cases of croup ending fatally in my earlier practice, was perhaps what is now called diphtheritic croup, or sporadic cases of true diphtheria. On the other hand, I am satisfied that many cases now claimed to be diphtheria, are croupal or catarrhal in character; in fact, we are not at liberty to say a given case is diphtheria unless the Klebs-Loeffler baccilli are present. There are other conditions corroborative, such as extreme prostration and frequent tendency to heart failure character of exudation and temperature, but the only certain diagnostic sign is the presence of the diphtheritic baccilli. Civilization has passed through, I believe, what is termed the Iron and Golden ages of the world's history, but it seems to me we are now entering, or have already entered, the microbic age—that in different eras of the world's history large numbers of the human family have been destroyed by different kinds of pestilences of microbic origin, because of an inaccurate understanding of the workings of the deadly microbes. It seems from the results obtained from biological and microscopical investigations which are being daily made in the interest of science and humanity, that the existence of the microbe in some of its forms is necessary in the human economy to equalize, it seems, functions normally.

The individual who gives to the world the true theory of germ life and its destruction, compatible with human life, will have contributed one of the greatest blessings aside from the Christian religion, ever bestowed upon mortal man.

Some authors, among them Mr. Zeimsson, a German authority of large and varied experience, contends that one attack of true croup immunizes to some extent, if not totally, against a second or third attack. This does not correspond with my experience; on the contrary, one attack seems to weaken the parts and predispose them to another. Or in other words, the parts seem to lose their power of resistance to the sudden changes of temperature from hot to cold, or from wet to dry, or vice versa, which to my mind are among the principal causes of croup and croupal troubles, together with poorly

fed and improperly clad children. Boys are said to be more subject to croup than girls. Perhaps this is because the boys are exposed more than the girls. Notwithstanding the obscurity of croup it has been proved that the occurrence of the disease has been favored by certain conditions such as seasons of the year, the weather and the nature of the soil.

Croup is observed during every season of the year, and at temperatures ranging from 91 above, to 31 below zero, most prevalent, however, during damp cold weather—sudden changes from one extreme to the other. Croup sometimes prevails as an epidemic. Out of 467 epidemics collected by A. Hirsch, 159 belonged to winter: December, 56; January, 48; Feb., 33. 130 to spring: March, 15; April, 42; May, 37. 72 to summer: June, 21; July, 23; August, 38. According to my observations, most of my cases have occurred during the winter and spring months; a few in the fall months. Croup extends over the whole earth, and used to be very fatal, especially among the poorer classes. True croup is not a contagious disease, although many cases may prevail in the same community from general causes. Diphtheritic croup possesses this quality in a high degree. Thus croup may be complicated with any of the exanthematous diseases, or any of the catarrhal affections of the throat and larynx, as well as with diphtheria, pneumonia, and bronchitis, as above stated, or whooping cough. Have lost a few cases from the latter complication.

Many cases of croup are preceded by some catarrhal symptoms, one or two days before the proper attack of croup occurs. The child seems peevish and fretful, does not rest well at night, some loss of appetite, in some cases thirst is present; voice at first somewhat husky, not natural, having a shrill tone. To the above symptoms may be added febrile disturbance, some little difficult breathing. If the case grows worse the above symptoms are all intensified, especially voice, cough, temperature and breathing. In aggravated cases great dyspnoea is present. Sometimes all the above symptoms assume the fulminant form, and death in this form usually occurs early from laryngeal stenosis, which soon produces asphyxia from carbonic acid poisoning unless intrubation or tracheotomy is brought specially to the patient's relief.

Croup usually begins at night, or at least the most violent cases do. The child goes to bed apparently well, but during the night is awakened with high pitched voice, great trouble in breathing; moderately high temperature; cool and moist skin; very restless and seemingly in great pain from the stenosis due to œdema and tumefaction of the glottis and exudation in the larynx.

Croup may be divided into three stages.

Congestion, or primary stage; stenosis, the exudative or suffocative stage; asphyxia from carbonic acid poisoning, or third stage.

It is useless for me to write in detail all the symptoms of true croup in a paper like this, and before such an august body of learned gentlemen. Suffice it to say, that to my mind it is one of the most pitiable sights that I ever beheld, to observe a small child suffering from stenosis of the larynx, exudative or obstructive, in true croup. The little fellow is perfectly conscious most of the time, but throws himself almost in every conceivable position, endeavoring to obtain relief. Instinctively and automatically, the little fellow throws his hands back and at each inspiration and expiration assumes the position easiest for the entrance of air to and from the lungs. Some of my cases have terminated fatally, after all acute symptoms have subsided from an ineffectual effort to bring out detached lumps of exudation that could not pass the glottis.

I have no new theory to offer for croup. The most successful treatment under my observation, is to treat the symptoms as they arise.

First, it seems to me, that in some children and some adults, that many of their diseases are attended with a plastic condition of the blood. That it is characteristic of all the inflammations of the mucous membranes to have an exudate upon their free surface; that in the bowels the exudate is either mucous or muco-purulent; that in the larynx tracheal and bronchial tubes it is fibrinous. Hence in inflammations of the mucous membranes of the air passages, especially the lower plastic condition as above stated, and an excess of fibrin attending all of these inflammations, especially the larynx, trachea and bronchial tubes, a very tenacious exu-

date is formed as a result of the inflammation peculiar to those parts.

If my position is correct about the plastic condition of the blood in croup, we are justified in using an antiplastic treatment suggestive of relief. With me I have not found any remedy equal to the mild chloride of mercury, combined either with bicarbonate of soda or chlorate potash, given every 2 or 3 hours for this plastic condition, as a systemic remedy. Of course, judgment must be exercised when to stop and when to change treatment.

Locally, I do not know of anything equal to a spray of from five to ten grains of nitrate silver, every three or four hours, to the throat and larynx, or at longer intervals. It in some way modifies the local condition, perhaps through its local effects on the nerve filaments of the parts, especially sensitive nerves, checking or modifying the condition of the tissue of glottis, and exudation, and rendering the glottis less subject to spasmodic action, as every physician knows frequently causes death in those cases. Late years, where there is some doubt between croup and diphtheritic croup, I use equal parts of peroxide of hydrogen and lime water as a spray with good results. It may be used full strength if so desired. I spray both nares and throat. This is a good solvent for the membrane, perhaps none superior. The vital powers must be sustained by giving stimulants and nourishment at such intervals, as the symptoms demand. Many cases are benefited by the timely administration of quinine, either with or without iron. As an expectorant, comp. syrup squills, or ipecac, and acetate of ammonia combined, with a few drops of spirits chloroform answer well.

The beginning of this stage, or the so called stage of asphyxia is the moment when either intubation or tracheotomy becomes imperatively demanded. Intubation of late years in the hands of some practitioners has given better results than tracheotomy. One disadvantage against intubation is the want of the proper instruments with which to perform it, whereas in tracheotomy, all that is required is a tracheal tube, besides the usual instruments generally in every physician's pocket case.

Tracheotomy, nor intubation, does not cure croup any

more than do expectorants or some other remedies. They only establish other avenues of respiration, which enable the patient to tide over the impending asphyxia until the remedial agents already employed have relieved the indications or the subsidence of the real trouble by expending its own forces. The proportion of neurosis occurs according to severity of the attack and the surrounding environments of the child, age, constitution, seasons of the year and weather.

Duchuk collected 1498 cases of tracheotomy, favorable results occurred in 428 cases. A proportion of one to three and 9-10, or 25 and 2-10 per cent.—which is probably a correct average. (Zeimssen). It has never been my privilege to operate for croup. This mode of relief is generally objected to by the parents of the child, or if their consent be finally obtained, it is often too late. I have had cases terminate fatally, when perhaps if tracheotomy or intubation had been timely performed, life could have been saved.

Prognosis in true croup in children under two years of age is always grave. Dr. Pepper says, about 80 or 90 per cent. die without tracheotomy. It is not necessary that either tracheotomy or intubation be described by me in a paper of this kind. Most of you, if not all, are acquainted with the technique of each operation. Suffice it to say that tracheotomy is not very difficult to perform and in all cases of impending suffocation from obstructions about the glottis and larynx, traumatic or otherwise, I would not hesitate to open the trachea or larynx, and I prefer the former, for I have saved one or two cases (traumatic) when if left alone the patient would have died beyond a doubt.

Those who have never performed tracheotomy, do not know, nor have the remotest idea, of the ease it gives their patient. If it does no good, it at least soothes the dying pillow, and enables the patient to pass quietly and calmly into that land from whose bourne no traveler has ever returned.

DOCTOR:—Your library is not complete without the *Hypnotic Magazine*. Cost of this handsome monthly, including premium book on "Suggestive Therapeutics," is only ONE DOLLAR (\$1.00) a year. THE PSYCHIC PUBLISHING Co., 56 Fifth Avenue, Chicago. Send for sample copy.



**LaGrippe.**

W. W. McDONALD, M. D., EASTERLY, TEXAS.

The first written medical allusion to LaGrippe has been interpreted from utterances from Hyppocrates and Livy, as having occurred 412 B. C.

The term LaGrippe is shrouded in doubt, and many claim its origin, and correctly we believe it to be, from the French word *agripper*, which means to seize or grasp.

In the year 1732, during the epidemic in France, the term LaGrippe came into general use, "according to Margine, in his description and treatment of an epidemic catarrhal affection observed in 1732, states that the disease was commonly called LaGrippe."

Parks, who traced the disease back to the ninth century, said, in the epidemic of 827 and 876, in which cough was the most prominent symptom, and which also extended to domestic animals, horses, dogs, cats and birds, originated in Italy and rapidly spread over all Europe.

In the tenth century the disease only occurred but once and then it was limited to France and Germany.

Then for two hundred years no record is made of this disease.

In 1557 the disease suddenly appeared in Eastern Asia and spread rapidly to the west. This was the first epidemic known to have crossed the Atlantic, and was attended with a high mortality.

About seventy epidemics of LaGrippe have occurred in the past four hundred years. The present century has experienced fourteen visitations. The last important one, previous to 1896, was 1889. In the epidemic of 1847, fully one-fourth the population of London and fully one-half of Paris were stricken. The course has been generally from east to west. The epidemics of 1896 and 1889 followed closely this path.

During 1889 and '90 LaGrippe was simply smouldering on, numerous local out breaks occurring, but of short duration, in different parts of the world.

Dr. Parsons, in his report to the British Medical Associ-

ation in July, 1891, writes thus: "Assuming the epidemic to have started from Russia in Oct., it took about two months to spread over Europe and North America, a little over two months to reach the capes, three months to reach South America, four months to reach India, five months to reach New Zealand, nine months to reach Iceland, ten months to reach Mauritius, near twelve months to reach remote places in Africa and Asia.

"No part of the habited globe is exempt from this disease, nor does it respect sex, position or age. Neither does heat or cold have the least effect in shortening its duration. An attack does not confer immunity from subsequent ones, as some have a second seizure during the same epidemic.

"The phenomena of LaGrippe can only be understood upon the theory of specific infecting virus or germ as the exciting cause. Some claim the theory that the agent is of a miasmatic material, but the theory most in accordance with our knowledge is the one which is dependent upon the presence of a micro-organism.

"The doctrine of contagion has often been strengthened by observation in recent epidemics and is now fully accepted by physicians, but this is only one method of its propagation. It is also believed that this disease may be transmitted by germs through the air, as for example: ships' crews sailing from non-infected ports have been repeatedly attacked in mid-ocean."

Sir Thos. Watson relates the following: "The frigate *Stag* anchored at Berryhead, on the Devonshire coast, all well on board, April 3, 1883, the very day on which Watson saw his first two cases of LaGrippe in London. The breeze was off the land, and in half an hour after dropping anchor, forty men were down with the disease, in six hours there were sixty, and very soon one hundred and sixty."

Watson states: "One hypothesis assigns the complaint to some electrical conditions of the air—to its becoming negatively electric or to its being such as to cause an excessive accumulation of electricity in the animal economy. The facts adduced in support of these views are of this kind: meat sent up by means of a kite into the atmosphere during the prevalence of the disease has returned putrid. Large heavy

separate clouds, in a state of negative electricity, have been observed just before the setting in of an epidemic. Thunder storms and tumults of the atmosphere have occurred at the same periods. Again it has been conceived that the tolerable definite course of the epidemic in its migration might be somehow connected with magnetic currents.

One of the most recent and most plausible conjectures respecting the exciting cause of LaGrippe, is that which refers it to the presence in the atmosphere of an excessive quantity of ozone. Now this ozone has remarkable purifying properties, but it has the effect when breathed in large quantities, of irritating the air passages. Em Schonbein noticing the effect on others as well as on himself, began to suspect that this catarrhal disorder might be caused by atmospheric ozone. He and other physicians at Balse were struck by the unusual number of catarrhal cases on the days that ozone was unusually abundant in the atmosphere. The period of incubation varies, some were attacked immediately after exposure, others in a few hours, while in others several days may elapse,

Fatality is almost invariably due to some complication, as death rarely occurs in uncomplicated cases. The lesions peculiar to LaGrippe are found upon the respiratory mucus membranes, mucus lining of bronchial tubes, trachea; larynx is swollen and covered with frothy or viscid mucus or mucopus; the mucus membranes of the stomach and intestines are more or less congested, and the spleen has been found enlarged in some cases.

By some writers it is estimated that fifty-five per cent. of the cases of LaGrippe belong to the nervous form, thirty to catarrhal and about fifteen to the gastro-intestinal form, while other writers state the nervous symptoms predominate in about eighty-five per cent. of the cases.

LaGrippe is usually ushered in by a feeling of indisposition or malaise, a chill, or more frequently, a chilliness is followed at once by a rise in temperature and symptoms of catarrh, accompanied with headaches, pains and general soreness of the limbs, depressed spirit, gastro-intestinal disturbances, cough and sore throat.

Fever which is remittent in type and in uncomplicated

cases rarely exceeds 104 deg. Far. In cases where the fever took on a continuous type it resembled a mild typhoid, sometimes lasting from two to three weeks. Pulse generally increased in frequency and in quality, though in some cases may register as low as 40. Sneezing is a prominent feature. There is a feeling of stiffness in the head, eyes become watery suffused, coryza, mucus membranes of nose, mouth and pharynx and larynx and frontal sinus are congested, voice becomes hoarse, often reduced to a whisper, cough severe and harsh, and as the disease progresses it becomes muco-purulent and often streaked with blood. There are severe pains in sides and beneath the sternum; pains in head and eye-ball are rarely absent. Nervous symptoms are uniformly present with headache. There is soreness and stiffness over the entire body, and backache which is eminently suggestive of a severe case of dengue.

To prevent suffering, which the slightest movement causes, the patient lies perfectly quiet or tosses about in an effort to find a position of ease.

Insomnia, or unrefreshing sleep filled with frightful dreams, adds to the distress of patient; vertigo and muscular tremor are common.

There is a mild disturbance of the digestive organs, coated tongue, abdominal pains, constipation and gastric tenderness, urine scanty and high colored; epistaxis and menorrhagia are common; eruptions are some times found in which herpes and urticaria are the principal examples. The disease attains its height in two or three days in mild cases, then rapidly declines, but in graver cases recovery may be indefinitely delayed. Convalescence often takes place after copious sweating, profuse bronchial secretions, a free discharge of urine or a profuse diarrhœa.

No disease is more liable to complications than LaGrippe. Among the lesions in the mucus membranes we find ulceration of vocal cords, serous infiltration of glottis, paralysis of muscles of throat and abscess of larynx. Acute otitis is common, but suppuration does not generally result, but when it does occur it is difficult of treatment.

The most frequent and most fatal complications are bronchitis and pneumonia.

Elliot says the Grip lung has a long and varying condition of passive blood stasis unaccompanied by rales. If resolution occur within three or four days it is accompanied by large mucus rales and no time is given for the slow appearance of bronchial breathing or bronchophony, but during the long continuance of blood stasis and exudation occurs, increasing slowly which will give in time some bronchophony and bronchial breathing, but never so complete as in pneumonia, nor does resolution occur so sudden as in acute pneumonia. The condition passes off as gradually as it forms. The sharp clear cut and sudden phases of the pneumonia attack are separated clearly from the obscure, irregular and slow phases of the Grip lung.

Da Costa describes the Grip lung as one in which intense congestion occurs with patches of collapse and spots of localized consolidation here and there, if consolidation happens at all. Yet there are instances in which real croupous pneumonia takes place, involving considerable portions of the lungs, but these are comparatively rare; true lobar pneumonia is not nearly so characteristic of the influenza lung as the other form.

It is well to bear in mind that lung complications are apt to creep on insidiously; empyema and pleurisy are common complications.

Abscesses of the lung have also been noticed, this disease being very fatal in consumptives.

Watson and Curtin state: "The catarrhal conditions remain and cause a breaking down of lung tissue. Among other complications we have meningitis, cerebritis, neuritis of the superorbital, intercostal and sciatic nerves, cerebral abscesses, paralysis of one or more limbs, hysteria, epilepsy, melancholia, convulsions, profuse and painful menstruation, and menses appearing to those who are suffering with dysmenorrhæa.

Pregnant women are extremely liable to abort under these circumstances or conditions. This disease has often been confounded with dengue. Iritis and conjunctivitis, with hemorrhages, have often been observed in attacks of this disease.



Transitory palsies of the muscles of the eye have especially been known to follow LaGrippe.

Treatment.—Influenza is generally a self-limited disease and of short duration. No specific is known, and treatment must be purely by symptoms, on account of the many serious complications; every case should be confined within doors until fever has disappeared and danger passed. Experience has shown that those who remain in confinement from beginning, convalesce rapidly. Rest in bed and a calomel purge (and here let us state that the action of calomel is very uncertain and large doses will be demanded). An occasional dose of the syrup of Dovers powders will cure cough. Mustard pediluvium as hot as can be borne should be used, this being about all that is necessary in uncomplicated cases.

The coal tar derivatives, as phenacetin, antikamnia, ammonal (the latter being preferable), when given early rarely fail to reduce temperature, relieve headache and lessen muscular tenderness.

On account of the cerebral symptoms, which always accompany this disease, quinine is inadmissible, unless guarded by salol, antikamnia or other coal tar products.

To control insomnia, which is frequently present, the bromides, chloralamid, papine, hypodermic injections of morphine, stimulants, such as ammonia, digitalis, alcohol, nitroglycerine, nitrate of amyl, etc., should also be given on first evidence of failing strength or threatened danger.

Strychnia alone, or combined with other tonics, is also a most reliable drug to tone the feeble heart.

Gastro intestinal irritation is best combatted with some of the preparations of bismuth, carbolic acid, listerine and paregoric elixirs.

Turpentine is very useful in abdominal tenderness. Rinsing the mouth with turpentine, or an occasional tablet of chlorate of potash, will often allay the irritation of mouth and throat.

The troublesome cough is as a rule easily controlled by any good cough syrup, or by small doses of codelia in syrup of wild cherry.

Considerable testimony has been furnished to show that

vaccination with animal lymph furnishes immunity against LaGrippe. It is stated upon authority of Dr. Goldschmidt, that when small-pox and LaGrippe invaded the island of Madeira, out of 112 persons vaccinated, not one contracted LaGrippe, and in 98 in whom vaccination failed, only 15 showed the least symptom of the disease.

In conclusion, I would state, I have done the best I could. I offer no apology for lack of time for preparation of this article. In search of information on this subject, I have ransacked every text book, reference hand book, and medical journal, and have consulted and bored every physician of my acquaintance, until they will go two miles out of their way to avoid me. So desperately in earnest was I to do the subject justice, that I was innocently, of course, termed "the LaGrippe crank," and some mildly insinuated that I was a little, just a little, crippled "under the hat." Take into consideration the amount of anxiety, the sleepless nights and troubled days I have spent in pursuit of knowledge on this medical subject, the limited number of years I have been in actual practice, the goodly number I have planted, to secure a reputation, my extreme reticence or bashfulness, or perhaps verdancy would be the better term, and then see if you, O wise physicians, filled with age, honor and deep medical love, cannot look with a lenient eye and a soul filled with sympathy, upon my maiden efforts, and let your criticisms fall upon me as lightly as flakes of snow.

---

### **Surgical Treatment of Abscess of Liver.**

#### **ELEVENTH PAPER.**

To compete for the Yale Surgical and Gynecological Chair offered by the SOUTHWESTERN MEDICAL RECORD, for best paper on some medical subject. See last page of cover.

The diagnosis of an abscess rests upon, (1) its history, (2) fluctuation, (3) pointing, (4) surface œdema, and (5) the use of the exploring needle. In this, abscess of the liver is no exception. Some of the symptoms are tenderness over the gland. This is marked if peritoneal investment be affec-

ted. High fever, although sometimes assuming a low form, fullness of right hypochondrium, increased dullness on percussion. Pain is increased by pressure, cough and deep inspirations. Inability often to lie on the left side, sometimes yellow tinge of the conjunctiva, rarely jaundice.

Formation of abscess is signalized by chills, or distinct rigors. Hectic fever; gastric disturbances; pain and great tenderness, tension of abdominal muscles on palpation; feeling of weight about the liver; emaciation; diarrhœa or dysentery; anasarca and ascites. If these symptoms were all present, or even present in any marked degree, the diagnosis could be very simply and easily made, but an abscess of the liver may exist without a well marked symptom to draw attention to the liver. There may be only general debility, with an occasional feeling of chilliness and some slight uneasiness in the right side.

CAUSES.—Macpherson says that “abscess of the liver is comparatively rare in temperate climates and frequent among Europeans in tropical climates. It has naturally been attributed to the effect of heat, or of alternations of heat and cold. Being occasionally associated with malarial fever, and frequently with dysentery, it is supposed that it may be induced by the same cause as these diseases.

“The opinion has been often advanced that abscess of the liver is secondary to dysentery, or to ulceration of the bowels. That it may occasionally be so it would be difficult to deny, with reference to what is known of its occasional casual connection with operations on the rectum. But although dysentery and hepatic abscess are frequently associated, this association is very rare except in the tropics; nor is it there very constant. Thus, dysentery is extremely common in children, while abscess of the liver is equally rare among them. Indeed, abscess of the liver is very unusual under the age of twenty. The proportion of cases in which liver-abscess and dysentery are associated is extremely variable. It is more frequent in one year than in another, and also at one period of the year than at another. Although dysentery is the more common affection, yet occasionally the number of cases of hepatitis, with a certain proportion of death, from abscess, may greatly exceed the number of cases of dysentery. There are many fatal cases of abscess in which the bowels have

been found perfectly healthy; abscess of the liver, on the other hand, can scarcely be considered to be very frequent in dysentery. Yet dysentery and abscess of the liver seem to arise in the tropics from very much the same causes; and something is there impressed on the constitution which seems to render the system for some years after a return to other climates somewhat inclined to liver abscess."

Abscess of the liver is frequently the result of pyemia, and follows surgical operations, especially those performed on the rectum, and is also frequently the result of abscess in other parts of the body. It has also been induced by falls or direct violence, or by the impaction of gall stones, especially where they have been rough and spicular. The predisposing causes are the same as those of hepatitis—drinking, irregular life, exposure and residence in malarial districts, and in the tropics.

The anatomical changes following a hepatitis of more or less extent, are an exudation of lymph, forming small deposits, of which two or three coalesce, while the liver substance breaks down. It is usually lined by a membranous cyst, which is very thin when the formation of the abscess has been rapid, and of great consistence when the abscess is old. The abscess may be of any size from that of a cherry up to a large cyst, containing pints of pus. Most commonly the abscess is single; occasionally several are found. In the great majority of cases, if the abscess has not been exposed to the air, its contents are called healthy or inodorous pus, and is usually of a chocolate color. If a mode of escape to the imprisoned pus is not made by a surgeon, it may open eventually through various channels. Sometimes it finds its way to the surface through the skin; this usually happens lower down than the ribs. It may open into the peritoneal cavity and has done so into the pericardium, in such cases with fatal results. It passes occasionally into some portion of the bowels, and as this causes the least constitutional disturbance, it is a favorable mode of discharge. Very frequently when the abscess is near the convex side of the liver, the diaphragm and the surface of the liver become adherent—as in this case the abscess has not usually been very deep seated—and the abscess

opens itself through the lung. This offers a fair chance of recovery.

Macpherson says: "the prognosis is very unfavorable, yet there is always a chance of recovery if the pus finds for itself an exit, as through the bowels or lungs, or even if exit is given to it by the surgeon. The statistics of the results of making artificial openings are not very encouraging. The operation, however, frequently appears to prolong life."

The most favorable mode of exit is through the lungs. The discharge of pus may continue for six months and yet recovery take place. Absorption of an abscess probably occurs, though this is a very rare termination. Macpherson reports one case of a man attaining the age of 75 years, who had had abscess of the liver 45 years before.

TREATMENT.—In the treatment of an abscess there is one absolute rule to which the surgeon knows no exception, namely, that whenever and wherever pus is found the abscess should be evacuated at once, and, after evacuating, its thorough drainage should be provided for. It should be opened early, if possible, even before pointing or fluctuation, to prevent tissue destruction, sub-fascial burrowing and general contamination.

A suspected abscess in a dangerous or important part, under no circumstances should be opened by a bistuary, without knowing that our diagnosis is certainly correct. This knowledge is obtained by inserting an exploring-needle and finding the nature of the fluid which exudes.

The exploring needle is best to be of the nature of an aspirating needle, for it is not only a means of diagnosis, but its use has been followed by complete recovery, though such a happy result can only be expected in exceptional cases. In using the aspirator, the only thing to be especially remembered is, that as the liver moves with respiration, the canula must be allowed to move also, or the result is, that the soft tissues may be torn. The essentials, it may be repeated, are cleanliness, a fine needle, emptying of the abscess cavity as far as possible, and leaving the patient in such a position that the puncture opening is on the highest level. Aspiration ought to be looked upon as an aid to diagnosis rather than as a method of treatment, but it can be had recourse to even in



cases where another plan of treatment is considered to be better, when for some reason or another the patient is not able to have at the time any more formidable operation. Another plan that is frequently carried out is that of puncturing with a trocar and canula, and then leaving the canula to act as a means of drainage. After a few days, when it may be reasonably expected that adhesions have formed, a rubber drainage tube replaces the metal one. Incision, with drainage, is undoubtedly the only satisfactory method in almost all cases.

In the days before antiseptic surgery, the fear of the peritoneal cavity, a fear well justified in the days when the necessity for surgical cleanliness was not understood, caused a great desire to avoid opening the peritoneal cavity, and this was accomplished by causing the part of the liver which was to be opened to adhere to the parietal peritoneum, and thus allowing of a track being formed through which a passage for the exit of the pus could be made without running the risk of opening into the abdominal cavity. When adhesions have been formed between the abdominal wall and the liver the pus may be evacuated by a simple incision.

The operation of opening a liver abscess through the abdominal cavity and stitching the liver to the abdominal wall after evacuating the pus, consists in making an incision through the abdominal wall from 3 to 5 inches in the longitudinal direction. The exact position of the incision will vary with the supposed position of the abscess. After making your incision, introduce your finger to ascertain if there be a point of adhesion of the liver to the abdominal wall, and if a point of adhesion be found, make another incision through the abdominal wall to correspond with same and thus evacuate the pus.

When there are adhesions found, sponges are to be packed around your incision to prevent any escape of pus into the peritoneal cavity. The abscess is then to be emptied as completely as possible, as there may be, in any case, one or more abscesses. Any appearance of such must be looked for, and if any be found they are to be opened through the abscess cavity which has been already emptied. Should the pus be putrid, it is advisable to wash out the abscess cavity

with a warm antiseptic solution. A saturated solution of boracic acid is very suitable for this purpose. After the abscess cavity has been thoroughly cleaned, the sponges are to be removed from the abdomen; and if proper care has been taken, it will not be necessary to wash out or even to sponge the peritoneal cavity. The surface of the liver surrounding the opening and the parietal peritoneum around the abdominal wound must now be brought closely in contact, so as to make a direct track for the escape of the discharges from the abscess cavity without there being any risk of leak occurring into the peritoneum. As soon as all of the stitches have been introduced, one or more large drainage tubes are put in, and a large sized absorbent dressing is put on and changed as frequently as it may become soiled. The position of the patient after the operation ought to be that which will allow of as free drainage as possible. In some cases it may be necessary to open a liver abscess through the space between two ribs, or after resection of one or more ribs. Here the operation does not differ in any essential detail, except that it will be necessary to shut off the cavity of the pleura, but if this cannot be managed, the pleural cavity must be thoroughly drained,

---

Electricity from Garbage.—The newly-installed system at Shoreditch, London, whereby a garbage crematory is combined with an electric light plant, the burning of the city refuse furnishing enough heat to drive engines for the supply of over four thousand lamps, has been attracting a great deal of attention. No new scientific principles are involved, of course, but some details of construction and operation are worthy of attention. The possibility of so utilizing garbage was announced more than four years ago at St. Louis by Prof. George Forbes, an English engineer.—*Literary Digest*. Houston is badly in need of a garbage crematory, and now that the city is agitating the ownership of her own electric light plant, why cannot the city fathers supply the city with both of these in one? Houston needs them both and should have them. Nothing is too good for Houston.—ED.

# Southwestern MEDICAL RECORD.

---

All communications for the editors, original contributions, exchanges, books for review, etc., should be addressed to SOUTHWESTERN MEDICAL RECORD, Houston, Texas.

All communications of a business nature, all money orders, drafts, checks, etc., should be addressed and made payable to ROBT. T. MORRIS, M.D., Secretary, Houston, Texas.

The editors are not responsible for the statements or opinions of contributors.

*To Contributors and Correspondents.*—Original Articles, Clinical Reports. Correspondence upon subjects of General or Special Interest, News Items, etc., are solicited from members of the profession everywhere

---

Entered as second class mail matter at the Postoffice at Houston, Texas.

---

## EDITORIAL DEPARTMENT.

---

Dr. A. N. Bell  
on the

“Yellow Fever Outbreak.”

DR. A. N. BELL, editor of the *Sanitarian* (a recognized authority upon things sanitary), expresses himself, in part, as follows: “Wherever it (yellow fever) is wont to prevail the locality is marked by the excessive accumulation of vegetable matter on the surface and in the subsoil, in a more or less putrescible condition; by defective, or total lack, of soil drainage and sewerage; and by a prevailing temperative of about 80 deg. \* \* \* \*. It is liable to break out in, or to be introduced into, such places only. \* \* \*. It is communicable by fomites—infected things—and is not contagious like measles \* \*.” Speaking of the epidemic at Memphis and New Orleans in 1878, he says: “that

the introduction of the disease and its prevalence were alike shown to have depended upon unclean localities and the dissemination of unclean things, and not upon personal intercommunication." He criticises the health service in their management of affairs since the epidemic of 1878, as follows: "But some of those now in authority seem to have no recollection or knowledge of other means than those which were subsequently used in Texas and Florida, where the disease continued to prevail until the coming on of cool weather, to which time the authorities postponed the cleaning up, and then claimed the credit due to, the weather! \* \* \*. And as for shotgun quarantine and cordons against infectious diseases of any kind, or at any time, they are alike cowardly and inhuman."

We are firm believers in the statement of the Talmud that "cleanliness is next to Godliness," both in matters personal as well as municipal, but dissent from the view that the reverse condition, viz, filth and a temperature of 80 deg., will develop on the Gulf coast, or anywhere else, yellow fever. Neither do we believe that yellow fever germs are of such universal distribution as malarial ones, that they will make their presence known whenever a temperature of 80 deg. is associated with decaying vegetation and bad drainage. If it were true, malaria and yellow fever would go hand in hand on the Gulf coast every year—a condition that by no means exists—and the Marine hospital service become, like royalty, an expensive luxury.

Prior to the passage of the present quarantine law in this state, in the Spring of 1879, yellow fever was a common disease, but happily for us, since then it has not been so. We have not had an epidemic in Texas since 1867. During that scourge a number of neighborhoods in infected districts had resort to "shotgun" quarantine and escaped the disease. It was the memory of this that strengthened the be-

lief among many of our physicians, viz., Drs. Ashbel Smith, R. T. Flewellen, R. Rutherford, D. F. Stuart, Fry and others, that yellow fever was not endemic, but of exotic origin. Through their efforts the present law came into force and since then yellow fever has never more than gained a temporary lodgement upon our border. Whenever a case or cases were discovered they were promptly isolated and the disease quickly stamped out, not to appear again until a fresh arrival from abroad—the West Indies, Central or South America—gained entrance. Even at the present time, with the fever epidemic in other states, the efficiency of our quarantine service is such as to keep it out, October 30th, and we believe, will continue to do so.

To produce the conditions on the Gulf coast so that decaying vegetation and a temperature of 80 deg. shall not exist is utopian and wholly unnecessary. In this semi-tropical land of sunshine, flowers and showers, it is an impossibility, and we had better move further north, if Dr. Bell is right, and die of diphtheria or smallpox, wholly preventable diseases.

Unfortunately for Dr. Bell's position, Galveston, Texas, is sparsely supplied with vegetation, salt water is found at two feet beneath the surface and its drainage good; yet before quarantine and isolation existed, yellow fever repeatedly visited her people in a most virulent form and only left on the advent of cold weather. Doubtless upon investigation, other places could be cited that have been visited by yellow fever that enjoy equally as good sanitary surroundings.

That unsanitary surroundings favor the propagation of yellow fever, I do not deny (this is true of many diseases and in other animals: witness white mice and anthrax), but that it will generate fomites or the bacteria in them, *de novo*, we wholly deny.

Further enlargement upon this subject is useless, as the facts prove the assertion. Dr. Bell has just been caught napping—or as some would say: “Homer nods.” R



The Late  
Epidemic.

QUITE RECENTLY, as is well known, yellow fever was declared to exist in Houston. Previous to such report, several suspicious cases were under consideration. Now that the clouds are clearing away and the excitement is subsiding, we can reflect and deliberate upon the peculiar state of the public mind, and perhaps derive a useful lesson from such an unfortunate occurrence. To the psychologist it was an interesting and fruitful field for study; to the physician, an object lesson of incalculable benefit, for it has been demonstrated beyond question that an aggravated case of dengue cannot be differentiated from a mild case of yellow fever. The status of affairs at Ocean Springs for several weeks substantiates the assertion. Space will not permit a consideration of the similarities of the two maladies, but will shortly be presented in *extenso*.

To report a case of yellow fever in Houston, or any locality, produces more consternation than a dynamite bomb.

During the late unpleasantness the people would gather in groups, gesticulate wildly and give long and learned dissertations upon yellow fever and allied diseases, while others would pray to the Omnipresent to visit upon the heads of Swearingen and Guiteras, or any other doctor that had the temerity to announce a suspicious case, the full category of wrath. The confident manner in which the people would declare, "no yellow fever," "no suspicious cases," "none in Texas," etc., was, to say the least, amusing.

To scare the wits out of a person is a familiar expression, but a yellow fever scare has an opposite effect. Full fledged they spring, like Minerva from the head of Jove, and take issue with physicians who have been through a number of epidemics and have devoted years of their life to the study of the disease. Every layman is an authority, every physician a vacillating and unstable tyro.

When infection is probable and suspicious cases are observed, the people should co-operate with the physicians, and not abuse them because they consider a case questionable. If yellow fever exists in a community, the sooner it is recognized and isolated, the more easily it can be controlled. The commercial interests of a city, the health of adjoining communities and the proper conception of duty, demands such a course, and let the doctors follow that course, though invective, abusive epithets, ridicule and slander are hurled at their heads by an excited populace.

R. T. M.

---

**Dr. John Guiteras**

**On Trial.**

DR. J. GUITERAS, pathologist at the University of Pennsylvania, visited Houston on the 11th ultimo. He came as the official representative of the Marine Hospital service, to diagnosticate some cases supposed to be yellow fever.

He was met here by Dr. R. M. Swearingen, state health officer, and together they saw one Mc., that, after a debauch, had collapsed in Dr. McElroy's office. They found him jaundiced and with albumen in his urine. Dr. Guiteras pronounced this case suspicious. He (Mc.) was seen by us three days later in perfect health. In company with Dr. Turner he visited three other cases and pronounced them yellow fever. Two of these cases we saw three days later and found one case convalescent and the other as follows: L. had been suffering with fever at intervals for three weeks, and had had fever continuously for nine days. His temperature was 101 deg. and pulse 72 beats per minute, tongue dry and coated, eyes injected and tinged with yellow, so also, his skin was tinged in a like manner; some tympany and epigastric tenderness. Neither one of these patients had

albumen in the urine, either by Heller's or heat and acid test. The remaining case, Dr. Mason, was not seen by us; although a patient of ours, coming here direct from Tennessee, nursed him and yet developed a typical case of dengue fever, the rash being particularly distinct and characteristic. This patient, last referred to, had, at no time, any albumen in his urine.

All of Dr. Guiteras' cases resumed their usual employment within ten days after being pronounced yellow fever. No new cases developed from them, although a number of people were exposed to the contagion.

We felt disposed, at the outset, to question Dr. Guiteras' diagnosis, for the following reasons: He claimed never to make a mistake—and we believe that the days of miracles has passed. He claimed to be able to take one look at a patient, even casually meeting him on the street, and pronounce upon his case—while we believe such kodak diagnosis smacks too much of charlatanism. We would feel disposed to investigate the diagnosis of any man that makes such ridiculous claims, even though he represents the United States government.

We claim, and the painstaking physicians of this city claim, that the diagnosis between yellow fever and anomalous cases of dengue fever cannot be made save only by patient investigation and time, for, you will note, that we have established in this epidemic as follows: In typical cases of dengue fever, albumen may occur in the urine on the third day; hemorrhage, from any mucus surface, does frequently occur and sometimes to an alarming extent; elevation of temperature and slow pulse, in this epidemic, is so common as to be almost typical; the injected and yellow eyes, accompanied by yellowness of the skin, is present in a large majority of cases, especially towards the last of the epidemic. We confess to having been in grave doubt as to the diagnosis, for a time, in

a number of cases; yet by carefully following them up the whole mystery was thoroughly cleared and the diagnosis made clear and distinct as dengue fever. In this epidemic here, with the number of cases variously estimated at from thirty-five to forty thousand, there have been but six deaths attributed to dengue, and around them there still lurks an element of doubt.

In Houston—in Texas as we can say, for the same disease is prevalent all over the state—we feel that Dr. J. Guiteras has made a serious mistake, and only hope that, in the interest of his reputation and the government he represents, that he will have the manhood to acknowledge it.

R.

---

**Dr. Jno. Guiteras'**  
**Views Upon**  
**Yellow Fever.**

IN AN interview with Dr. Jno. Guiteras upon the prevailing epidemic of yellow fever in the South during his recent visit to Houston, he talked very freely on the subject from a diagnostic standpoint. He remarked, at the time, that he did not believe there was any yellow fever in Texas, and his trip for this reason was a waste of time as he did not expect to find yellow fever here (Texas).

He was also asked if he were only permitted to make use of one symptom in diagnosing yellow fever, which symptom would he select as the leading one, and would he be willing to rely upon it. His answer was that he would rely upon it, and the symptom was the peculiar icteroid condition of the face and sclerotic. He was furthermore requested to state the next or second important symptom. This he unhesitatingly stated to be albumen in the urine, especially early in the attack. The disparity between the pulse and temperature he also considered of great importance. The icterus had enabled him without any other symptom, to diagnose cases

of walking yellow fever. He instanced Mr. Upton, of Uptonville, Fla., whose case he recognized while Mr. Upton was walking on the sidewalk. He isolated the patient, found albumen in the urine, and pronounced his disease yellow fever.

A man and wife who lived in the same house with Mr. Upton contracted the fever from him, the husband recovered, but the wife died. No further cases occurred. Upton recovered from his mild attack and would not have known that he had had *la fiebre amarilla*, unless informed by Dr. Guiteras.

He does not believe, under ordinary circumstances, that it is at all possible for the attending physician of a yellow fever patient to carry infection on his clothing to outside people, by simply going to see the patient on a short professional visit.

He spoke of his residence in Havana, while in charge of the Marine hospital of that city, and during an epidemic of yellow fever, he had under his charge some fifty men who were not immune from yellow fever, and whom he ordered not to leave the hospital and visit the city in which the epidemic was then raging. There were no cases in the hospital. Dr. Guiteras however, daily visited a number of cases in the town, always returning at night to the hospital without any precautions whatever tending to guard against conveying the diseases to the men in the hospital, he used the same apparel. This state of immunity prevailed among the men until a steward went to the city, against orders, he returned to the hospital and developed the fever. His treatment of this case prevented any of the other inmates from contracting the disease. The patient's excreta were destroyed immediately they were passed, the bed clothing was frequently changed and soaked in bi-chloride sol. 1-500. The walls, ceiling, floors and furniture were freely and daily washed with



the same solution. The case was treated by the immune cases, and no other cases resulted.

The hygienic treatment of this case offered the doctor an opportunity to express himself upon the common source of contagion. The means by which the epidemic spreads. Observations, he said, demonstrated to him that the germs percolated the soil, and that in quarantine a block, he deemed it safer to include another block. The atmosphere he considered was not an avenue by which the germs are numerously propagated. Dr. Guiteras asserted very positively that household goods afforded the most fruitful source of infection, especially the furniture and hangings of the sick room. It seemed to him, he said, that the germ poison gradually left the patient as the fever progressed and permeated the surrounding furniture, clothing, carpet, wall paper, etc., and the longer these article are exposed the more malignant they become. Hence, all the contents of the sick room that cannot be cleaned with bi-chloride solution should be destroyed.

When asked in regards to treatment, he remarked there was not anything specific, but advised calomel in 3 gr. doses every three hours until three doses have been taken, for its diuretic action.

For black vomit, tinct. chloride of iron. He thought Panarelli has probably isolated the bacillus icteriodes, but had not even touched therapeusis.

His observation in epidemics of yellow fever always proved that the martality was invariably higher in those places where "shotgun" quarantine had been maintained.

J. A. M.

---

## SOCIETY PROCEEDINGS.

• Cameron, Texas, Oct. 28, 1897.

DEAR DOCTOR: The third semi-annual meeting of the South Texas Medical Association will be held in Beaumont, Texas,

December 28, 1897. Be sure and keep this date open, and be present with us, thereby making this the grandest meeting in the history of the Association. If you desire to read a paper, notify the Secretary on or before November 15th, in order that we may have programs printed early.

The physicians of Beaumont are enthusiastic over this meeting, and a very profitable as well as pleasant time is assured.

Do not forget the date, December 28.

E. S. FERGUSON, M. D., Secretary,  
BAT. SMITH, M. D., President,      Cameron, Texas.  
Wharton, Texas.

---

DEAR DOCTOR: The Brazos Valley Medical Association is nearing its 4th Semi-Annual meeting, which convenes at Navasota the second Tuesday and Wednesday in November. We can point with pardonable pride to the achievements of the Association during its first year of existence, and now let me kindly insist that you lay aside the busy cares of life for a time and come and meet with us, remembering; if we rise and maintain the standard of true medicine in Texas, it will require a united effort on the part of her votaries.

Ample means are being provided for our comfort and the welfare of the Association by the local brethren, and it will be a season of refreshment and learning to all who attend.

Fraternally Yours,

G. M. ABNEY, Pres.

PROGRAMME.

1st Paper: Placenta Previa: Dr. J. C. Hollman, Franklin. Discussion—Dr. B. F. Watkins, Bryan, Dr. A. J. Ellsey, Lilac.

2nd Paper: Pneumonia: Dr. I. P. Sessions, Rockdale. Dis. Dr. J. P. Oliver, Caldwell, Dr. T. J. Curry, Wheelock.

3rd Paper: The use of Cocaine as an anæsthetic: Dr. H. W. Cummings, Hearne. Dis. Dr. R. S. Carrol, Calvert; Dr. M. Langford, Bailyville.

4th Paper: Intestinal Anastomosis: Dr. E. N. Shaw,

Cameron. Dis. Dr. J. A. Bodine, San Antonio; Dr. Geo. R. Tabor, Bryan.

5th Paper: Uterine Displacements; Dr. E. A. Harris, Navasota. Dis. Dr. H. L. Fountain, Bryan; Dr. A. Kobro, Taylor.

6th Paper: To be supplied; Dr. J. A. Bodine, San Antonio. Dis. Dr. W. R. Vaughn, Nesbit; Dr. A. C. Scott, Temple.

7th Paper: Indolent Ulcers; Dr. Daniel Parker, Calvert. Dis. Dr. W. W. Greer, Cameron, Dr. E. Brittain, Bremond.

8th Paper: Typhoid Fever; Dr. E. A. Thompson, Navasota. Dis. Dr. J. M. Nicks, Stone City; Dr. J. P. Barnett, Navasota.

9th Paper: The Hot Permanganate of Potash, Irrigation in the treatment of Gonorrhœa, Dr. R. W. Nobles, Temple; Dis. Dr. W. H. Harrison, Navasota; Dr. Moore, Buckholts.

10th Paper: Formaldehyde; Its uses; Dr. A. C. Scott, Temple. Dis. Dr. A. L. Hathcock, Palestine; Dr. W. T. Wilson, Navasota.

11th [Paper: To be supplied. Dr. E. N. Davis Houston. Dis. Dr. O. L. Norsworthy, Houston; Dr. J. C. Van-nuys, Franklin.

12th. Paper: Report of a Laparotomy for Obstruction of the Intestines. Dr. F. R. Collard, Wheelock. Dis. Dr. J. M. Gray, Milano; Dr. J. A. Boyd, Thorndale.

13th Paper: Tuberculosis of the Joints and Bones. Dr. D. L. Peeples, Navasota. Dis. Dr. T. A. Pope, Cameron; Dr. J. C. Scott, Temple.

Voluntary Papers and Report of Cases.

---

## FROM OTHER JOURNALS.

### The Bacteriology of the Follicular Enteritis of Children.

The *British Medical Journal* quotes an article by Dr. Finkelstein of Heubner's clinic, from the *Deutsche Medicin-*

*ische Wochenschrift*, regarding two forms of gastro-intestinal enteritis of infants that appear to be due to an infection. The source of the contagion is in the stools. Two groups of the disease are to be distinguished, the dysenteric and the toxic. The actual cause of the disease must therefore, be able to give rise to irritation of the mucous membrane, and to produce toxic products. The bacteriologic examination of the purulent masses in the author's case showed the presence of abundant rod-like micro-organisms contained in the pus cells, and varying much in appearance. Often they were arranged in twos. All the different forms were shown to belong to a single micro-organism. By cultivation a microbe possessing extraordinary resemblance to the bacillus coli communis in almost pure culture was obtained. The author then details his inoculation experiments. In mice it produced, when introduced with the food, a disease very like Löffler's mouse typhoid. The morbid appearances corresponding exactly to those described by Heubner as taking place in the epithelium in cholera infantum, but ulcerative processes were absent. The micro-organism is only present in the glands, and hence the death of the epithelium must be due to a toxic action. The bacillus is also able to produce remote toxic effects. Growth on potatoes showed differences from that of the bacillus coli, otherwise the differences were rather those of degree than kind. Experiments on animals yielded more important results. Virulent cultures of the bacillus coli were shown not to be able to act pathologically on healthy mucous membrane. A close relationship existed between the bacillus in question with the bacteria known to produce the manifestations in meat poisoning. Thus it does not appear correct to class this micro-organism as the bacillus coli. The virulence of the micro-organism varies greatly, and can be diminished by culture. As regards its pathogenic properties, it was found constantly present in over fifty cases of typical enteritis and colitis dysenterica. All cholera-like forms must not be grouped as follicular enteritis. If the microbe has lived and flourished in the milk consumed, the symptoms of intoxication may begin forthwith. It may be said that follicular enteritis passes through the stages of dyspepsia, intestinal catarrh, up to a cholera-like disease. When

## MEDICAL RECORD.

the intestinal epithelium is destroyed, the bacillus may get into the blood stream and produce a septicemia as well as hemorrhagic purulent metastases. Mixed infections are common. There are two forms of the general infection: one resembling typhoid and the other giving rise to high fever, collapse and rapid death.

---

## NEWS AND MISCELLANY.

Dr. T. F. Smyth has removed from Houston to Mexia.

Dr. Russell Caffery, of San Antonio, has located in Houston to practice medicine.

Many medical men's heads never get too gray to show petty professional jealousies.

Most of the physicians of Houston have had the prevailing disease, mostly called dengue fever.

Every physician observes the so-called code of ethics; it is the other fellow that don't comply with the code.

Texas needs a rigid law prohibiting physicians who are addicted to alcohol or drug habits from practicing medicine.

The same excitement about yellow fever existed in this state thirteen years ago, during an epidemic of dengue fever.

The young man, studying medicine today is like the courting young man, in that he does not see the trouble that he is going into.

The recent yellow fever scare in Texas, has demonstrated to the people to a nicety, the want of unity among the members of the medical profession.

The Houston druggists have done a great deal of prescribing during the dengue epidemic, and if recoveries are a criterion they have been as successful as the physician.

The South Texas Medical Association will meet in



Beaumont, Dec. 28, 1897. Subject of essays and names of discussors should be forwarded to Dr. Ferguson, secretary, whose address is Cameron, Texas.

The Medical Council of Philadelphia is showing its prosperity by removing to larger and more convenient quarters. The Council is now located at northeast corner of 12th and Walnut streets. The RECORD tenders congratulations.

The RECORD has nothing but praise for Dr. R. M. Swearingen, our state health officer. He has conducted affairs during the recent yellow fever scare in a courteous, conscientious and manly way that commands our admiration and respect.

Dr. Donald McKay and Miss Lena Haven were united in marriage on Sept. 29th, in the city of Houston. Dr. McKay came to Texas from Detroit, and has made many friends in Houston. The RECORD wishes for the doctor a successful practice and a happy married life.

The Houston citizen stands on the street today condemning the doctor, declaring he don't know enough to know one fever from another; he goes home heartily tired of the whole situation, resolving that as far as he is concerned he is done with doctors and quarantine law. He goes to bed and sleep takes him away from the ignorant doctors and barbarous quarantine law. An "aching of the bones" with a chill arouse him from his gentle slumber and he sends for a doctor in haste to relieve him. Moral: force of habit is very strong in mankind.

*Statistics that are of importance to the medical profession:* There is in Houston a population of 60,000. One-half, or 30,000, have had the prevailing disease (dengue fever). One-half of those having the fever were treated by the 150 physicians of Houston, every man having a different treatment. All of the 15 thousand patients recovered, as did also the 15 thousand who had no medical attendant.

“ON THE QUEER.”

A Bit of History.—Some physicians in Houston

were in doubt as to the diagnosis of a case supposed to be yellow fever, and as a consequence quarantine guards were placed about the premises. This being noised abroad, cotton shipments were seriously crippled and the Cotton Exchange went into resolutions of disgust over the incompetence of our home doctors and demanded of Surgeon General Wyman an expert from the East. The expert came. The Cotton Exchange is "bearish" and experts are 100 points off.

A Commercial Diagnosis.—The Mayor—Mr. Secretary, how does the Board of Health stand on yellow fever? The Secretary—One for and four against. The Mayor—Request his resignation and telegraph the governor that the Board is unanimous against yellow fever.

The prevailing epidemic in Houston has had many names offered. Among them are yellow fever, dengue fever, brake bone fever, Guiteras fever, dago fever, d—m Jew fever, hæmaturial fever, etc. We don't know which one Mother Government will decide to name the "pretty thing," but all Houston is decided as to its having been a *fever* of body and mind.

An Attractive Case.—The announcement of a suspect in Houston caused a hum of excitement among the doctors and many went out to see her. The mother of the patient, a large, fleshy, colored woman, in a loud, "ASIDE," said: "All these doctors coming here to see this gal, must think she's mighty purty."

A Draught for the Fader Land.—Bryan quarantined against the world with the exception of *beer and ice*.

A New Name for Dengue.—Our colored brothers call it "dago fever."

A Common Question.—What's the Board of Health doing? Answer. Making up its mind.

---

DOCTOR:—Your library is not complete without the *Hypnotic Magazine*. Cost of this handsome monthly, including premium book on "Suggestive Therapeutics," is only ONE DOLLAR (\$1.00) a year. THE PSYCHIC PUBLISHING Co., 56 Fifth Avenue, Chicago. Send for sample copy.

## PUBLISHERS' NOTES.

TO PHYSICIANS.—When over in the First ward you can have your powders dispensed in elegant cachets or wafers by writing, Ft. Cachets, on your prescriptions and sending them to Richards' drug store, 1702 Houston avenue.

The remarkable collection of Mineral Waters, known as Sour Lake, is situated in Hardin County, Texas, about eight miles from Sour Lake Station, on the Texas and New Orleans Railway. The Lake is located in a lovely spot, and is surrounded by a grove of stately old oaks, maple, sweet gum, etc., which afford a delightful shade, and a cool breeze blows continually from the south. The waters of the Lake have a strong acid taste, and close around it are thirteen separate and distinct springs, each one furnishing a different mineral water. The lake is studded with bubbling gas jets, which impregnate its waters, and a mineral healing tar oozes up out of the ground and floats upon the surface of some of the springs. This is collected, and is used in the treatment of all kinds of skin diseases, ulcers and scrofulous sores. Both the gas and the tar burn with great brilliancy when ignited. See ad in this issue.

---

A Reliable Food.

Messrs. John Carle & Sons, New York City.

Gentlemen:—I have received the "Nursing World Clinical Records" and samples of your Imperial Granum, although it was unnecessary to send the latter to acquaint me with its value, as we have *a living example in our only son* of the worth of Imperial Granum, and I have *prescribed it constantly for eleven years*, and always with the very best results.

Yours very truly,

————— M. D.

Sept. 2nd, 1897.

Clinical Records and samples of this celebrated food free, charges prepaid, on application to John Carle & Sons, 153 Water Street, New York City.

# *Southwestern Medical Record.*

*A Progressive Monthly Journal of Practical Medicine and Surgery.*

---

VOL. II.

DECEMBER, 1897.

No. 12.

---

## ORIGINAL COMMUNICATIONS.

### **The Growing Need of Medical Political Organization.\***

BY JOHN PUNTON, M. D. KANSAS CITY, MO.

Professor of Nervous and Mental Diseases, University Medical College, Woman's Medical College; Neurologist To All Saints', German, Scarritt, Missouri Pacific, Kansas City, Ft. Scott & Memphis Railroad Hospitals, etc.

GENTLEMEN: The marvellous progress of the science of medicine during the past decade is the wonder of the age.

In its voluminous annals no such triumphs are recorded and no such brilliant results achieved as those which belong to the present generation.

In a recent, critical analysis of actual work done by the three so-called learned professions it was clearly demonstrated that scientific, rational medicine easily took the lead in actual achievement, intellectual progress and evolutionary development; and that medicine far exceeded both law and

---

\*Read by title before the Mississippi Valley Medical Association, October 8, 1897, at Louisville, Ky

theology in original investigation. See *Journal American Medical Association*, Feb. 13th, 1897, page 320.

With such a record it would seem that the power and influence of the medical profession should be even greater to-day than ever before and its glorious tenets exalted to their highest degree.

But we are informed by no less a personage than Mr. Cleveland (Ex-President of the United States) that our power and influence as a professional body are rapidly waning and that our greed for scientific attainment is already threatening us with dire disaster.

"If," says he," laws are needed to abolish abuses which your professional investigations have unearthed, your fraternity should not be strangers to the agencies which make the laws.

"If enactments already in force are neglected or badly executed you should not forget that it is your privilege and duty to insist upon their rigorous and honest enforcement.

"Let me also remind you of the application to your case of the truth embodied in the homely injunction, 'if you want a job done well do it yourself.' "

That the criticism of Mr. Cleveland is a just one and full of wisdom is clear to all thoughtful physicians, and no matter how much we dislike to be told of our faults or how we plan to controvert our failures, the fact remains that the medical profession has not as much relative power and influence in its respective communities as formerly and the respect and dignity which was willingly granted it in the past by the laity, is rapidly being withdrawn, as the practice of medicine is simply regarded by them to-day as a mere business trade or commercial calling.

The solution of the whole matter, according to Mr. Cleveland, is that we are sadly neglecting the means and methods which are necessary to sustain our own rights and professional dignity; in other words we are disloyal citizens.

If Mr. Cleveland was alone in his belief that the medical profession was negligent of its political duties, it is possible that I may have hesitated to intrude upon your valuable time by presenting this paper. But no progressive physician who has kept fully abreast of the times can deny that there is a



growing belief among the best men of our profession, that nothing short of medical, political organization will save our grand and noble cause from the hands of political tricksters, quacks, charlatans, and the various fads of the day.

In support of this, and to prove that this is no foolish notion of mine, conjured for this occasion, I have simply to refer you to the nature of a few of the leading original articles, as well as the character of the men who wrote them, which have appeared during the past nine months in the official organ of our profession viz., the *Journal of the American Medical Association*, not to say anything about the numerous medical journals presenting similar topics.

Time will not permit even a brief resume of the sentiments expressed by each, but the topics themselves will have to suggest their special significance:—

1. The Cheapening of the Medical Profession Jan. 9th, 1897.
2. The Press and Quack Advertising Jan. 9th, 1897.
3. Sociologic Reforms Jan. 23rd, 1897.
4. Business Methods of Quacks Feb. 6th, 1897.
5. President Cleveland's Address Feb. 6th, 1897.
6. The Mendacity and Filth of Quack Advertising Feb. 23rd, 1897.
7. The Social Evil. Should it be regulated? Mar. 13th, '98. 1898.
8. Felons as Physicians April 3rd, 1897.
9. Contagion in Public Schools April 10th, 1897.
10. Dr. Hughes on Homeopathic Physicians to the Insane April 17th, 1897.
11. Tendencies in Medicine May 15th, 1897.
12. Medical Consideration of the Methods of Public Education. May 15th, 1897.
13. New York Medical League May 22nd, 1897.
14. Medical Legislation and how to obtain it. May 29th, 1897.
15. Medical Instruction of the Laity in the lay Press May 22nd, 1897.
16. The Vile Osteopathy Bill July 3rd, 1897.
17. Medical Unity July 17th, 1897.
18. Politics and the Medical Profession Aug. 21st, 1897.

19. How the Defunct Osteopathy Bill was passed by the Illinois Legislature, Aug. 28th, 1897.
  20. The University of California and the Homeopaths, Aug. 28th, 1897.
  21. No Itinerant Quacks in Kentucky Aug. 28th, 1897.
  22. Medical Legislation Aug. 28th, 1897.
- Etc., Etc.

When these as well as many others are impartially examined and given the thought they richly deserve, there can no longer be any doubt of the urgent, growing need of medical political organization.

I am aware that there are those in our profession who shrink at the thought of combining medicine and politics, regarding them as entirely incompatible and exceedingly nauseating. But there never was a time in the history of medicine when such a mixture was more urgently needed than the present, and instead of attempting to render so much unappreciated, gratuitous service to the public, let us recognize some of our own needs and spend at least some time in doctoring ourselves, for in the language of Mr. Cleveland, "Never did patient need your medical treatment more than the body politic now needs the watchful care of your patriotic and disinterested citizenship."

But I fancy I hear the question asked, What is the necessity for the medical profession entering the arena of politics? It would seem that in the light of facts, that no progresisve physician would be guilty of such a confession of ignorance, for time and space would not allow me to tabulate the various pathologic, bacteriologic sociologic and other problems which have their purely medical aspect and which are so intimately associated with municipal affairs in both state and nation, and as such are naturally referred for solution to whatever political party that happens to be in power at the time they present themselves.

If the medical profession continues to ignore the agencies in the future as in the past which rule and govern the solution of these important problems and leave them entirely in the hands of professional politicians, then we must expect them to be answered from a purely political party standpoint, for the policy, "to the victory belongs the spoils," is as

active and powerful to-day as ever and is applied to these as well as all other questions which comes before them; hence the injustice entailed by such a process of false reasoning is rarely considered.

But cannot the individual members which constitute the medical profession, exert their influence to bring about such reforms without actually becoming politicians. In other words, is it necessary for us to concentrate our forces by the formation of a medical political organization?

There is but one answer to this question. It is impossible to bring about the reforms needed short of organization. "United we stand, divided we fall," is as true in this case as any other and while we are quibbling over some petty jealousy, the organized empiric forces already in the field conquer every contest and reign supreme.

Conceding that organization is a growing need the next question is, "How can this best be accomplished?" In New York this question has already been successfully solved by the formation of a medical league which has for its special object the suppressing of hospital and dispensary abuses, as well as the encouragement of physicians to more actively participate in municipal and state affairs. The press reports state that hundreds of the very best practitioners have joined its ranks and it has already accomplished many radical needed reforms in medical politics. Those of you who wish to know more concerning it will find a preamble from its constitution in the *Journal of the American Medical Association* for May 22, 1897. Page 999.

Efforts were made in the same direction at the annual meeting of the Iowa State Medical Association last August, at which time a project to unite the practitioners of the State to form an association to influence medical legislation was advanced. The sessions however were wholly occupied in the reading of long technical articles or engaged in the discussion of "some unusual cases," as is very common at such meetings, that nothing was done in this important matter, which disgusted many of the members, and subsequently an independent association was organized and an effort made to secure a union of forces throughout the State, including sectarians with various labels.

Consequently many first class practitioners declined to unite, some because they believed the discordant elements would prevent any useful work and others because they believed that the attempt to organize a political club out of a profession would rather lead to adverse legislation than to any legislative reform of advantage. (See *Journal American Medical Association*, Aug. 28, 1897. Page 457). The organization still exists however and is doing some very good work.

It is my opinion that the various medical associations of the several states, counties and cities, are the proper places for its members to not only discuss medical politics but organize themselves for the avowed purpose of carrying into effect the needed reforms which are so plain to every thoughtful physician.

You may therefore well imagine my satisfaction during the preparation of this paper when the official journal came to hand containing an elaborate article on "Politics and the Medical Profession," written by the talented editor. in which my views are ably endorsed. (See *Journal American Medical Association*, Aug. 21, 1897. Page 389.)

Not only does he recognize the importance of physicians becoming politicians in the true sense, but advocates organization through medical societies whereby medical men (by means of corporate action, resolutions, and committees) can influence their administrative and legislative savants. Beside this he also recognizes the difficulty to carry this out, for says he, "Strange as it may seem this by some physicians is considered unprofessional and *ultra vires*. The very thing we should do, that precise method of making our influence felt which is most effective and most imperatively demanded is wonderful to say, actually the thing at which we balk and stop.

No matter what disgrace to medicine may be threatened, no matter how clear the professional duty that confronts us, there are to-day not a few of the so-called leaders (professional Tories and aristocrats, they might be termed) who say: "Oh yes! It is all a miserable shame but, *non possumus*! Our organization gives us no right or power to go into politics. Bah! This is the voice of laziness and cowardice; it is not

the way of scientific advance or of the cure and prevention of disease.

Medical societies have not only the right and power, they have the inobviable duty laid upon them, shrink it and deny it as they may, to make their influence felt in all public questions relating to the public health.''

Coming as this does from the very fountain head of the American Medical Association, it is only reasonable to conclude that its editor is in a position to know perhaps better than any other person the actual needs of the medical profession at this time, therefore we can well afford to heed his counsel.

In connection with this I desire to congratulate the members of this grand and glorious old State of Kentucky for the very wise manner in which they have dealt with quackery. How refreshing it is to read the head lines in a recent issue of the *Journal*, "No Itinerant Quacks in Kentucky.''

The letter then goes on to show that with the assistance of Judge Thompson of this city (Louisville) the osteopaths were not permitted to practice in this State. "They had plenty of money and were ably defended, but after the proof was heard we never had any doubt as to the result,''

Continuing, Dr. McCormack says, "They are not only the most ignorant, but also the most unscrupulous lot of empirics with which we have yet had to contend in the State. Our law has now been in operation nearly four years. It has been tested upon every point, and so far we have not failed to secure a conviction in each case tried. We convicted the Copeland people, the K. & K's. and all other concerns of the kind doing business here and are able to report that there is not now an itinerant or advertising doctor within the limits of the State.''

As a representative of Missouri, I desire to again congratulate the medical profession of Kentucky and especially your Board of Health, for the valuable services they have rendered the medical profession, as well as the State of Kentucky. We in Missouri, so far, have not been as fortunate as yourselves in ridding the State of itinerant quacks.

Even the governor of our State recognizes Osteopathy as legitimate medicine and does not hesitate to exalt Homeopathy



by placing in their hands one of the oldest and largest Insane Hospitals of the State. In addition to this the function of our State Board of Health has been greatly curtailed until to-day it is practically a figure-head and I am sorry to say that what is true of us, is true of a great many other States of the Union.

The practice of illegitimate medicine was never more active than at present, and unless we are active at the polls and the legislative halls, as are the exponents of quackery, we must expect to suffer defeat at their hands. Our Homeopathic and Eclectic friends are straining all their might in our State to supplant regular medicine and to some extent at least have been successful. The lethargic condition of our own members is best illustrated when I state that out of five-thousand (5,000) physicians in Missouri, less than four per cent. are Homeopaths and the per cent. of Eclectics is very much less.

In California, our friends are having similar experiences with the Homeopaths, for they have already petitioned the governor of the State, to allow them recognition in the medical department of the University. The regular faculty have resented this innovation, by claiming that such a move would be an unjust criticism of their work, as they have always discharged their duties faithfully and unselfishly, working zealously for the honor of the University and the advancement of medical knowledge. They also remind the governor that during the eighty-seven (87) years that the Homeopaths have been in existence they have not added one single discovery in the vast field of scientific medicine. In addition to this all that Homeopathy accedes to or uses is taken from the work of our laboratories, clinicians and savants.

In support of this, during the preparation of this paper, the catalogue of the Hahnemann Medical College of Philadelphia, came to hand. This I take it, is one of the best of their representative schools and yet I find that the text-books recommended under each department of medicine are taken from the regular school of medicine.

For instance, under Practice, such familiar names as Flint, Roberts and Osler are recommended; under Surgery, Keen, Moullin, Park and Treves; under Obstetrics, Lusk;

under Pediatrics, Lewis Smith; under Gynecology, the American Text-book; under Neurology, Dana, while under Materia Medica, strange as it may appear, the National Dispensatory is recommended, which as you know contains no Homeopathy whatever.

In thus alluding to these facts it is not my desire to unjustly criticise or censure, but simply wish to call attention to the great need of defending our own rights and the cause in which we are engaged. Again to show how apparently inconsistent we ourselves are at time, I have just received a copy of a well known *New York Medical Journal* in which appears an excellent article on "The Influence of a Liberal Education with reference to Medical Ethics."

Among other things the writer says: "At this time there is a division of the members of our profession with reference to a code of ethics, the real basis of which is as to whether it is right to consult with men who hold to the doctrine of administering placebos, otherwise known as Homeopaths. It matters not what creed is formally adopted, the fact is, their practice is principally a system of giving inert remedies and trusting to nature to cure the patient. The code forbids consultation with those who practice Homeopathy and discountenances those who are not formally within the regular school," etc.

Now this same paper that publishes this article appears with a full page advertisement of the Hahnemann Medical College of Philadelphia. (See *New York Medical Times*, Sep., 1897).

No wonder the editor of the *Cleveland Medical Gazette* (Aug., 1897) in a recent article entitled "The Profession and its Enemies," says: "The trouble, is we are too careless. How did the profession of St. Louis or New York get into such a deplorable state? By allowing itself to be gradually encroached upon without making an individual, a united and a vigorous objection. We are too indifferent and pay no attention further than occasional ineffectual complaining until the enemy gains such strength as to be formidable.

We leave the law making to the politicians most of whom care nothing about us. We allow ourselves to be duped and imposed upon on every side with the most idiotic complac-

ency. The fact of the matter is we have nobody to blame but ourselves. And another truth is, that we can right these wrongs just as soon as we will to do so and pull together for that purpose.''

It would be no task to multiply such testimony as this from all parts of the country, but I trust sufficient evidence has been produced to prove the assertion that there is a growing need of medical political organization.

That this can best be done through the medium of the various medical societies, I think there can be no doubt, and this view is ably expressed in the language of the editor of the *Journal* of the American Medical Association when he says: "Every American medical society from the smallest to the largest is under the most stringent obligations to make matters of the public health its most direct concern.

Each one and especially the American Medical Association and the Medical Congress, should pass resolutions pertaining to bad laws proposed or to good laws that should be proposed in reference to medical education, quarantine, health—protective measures, etc., and should see that copies of these resolutions are placed in the hands of every legislator and administrator to whom they concern. Only thus shall we make our professional will and power known and in becoming known it shall bring about reform and social education. Our organizations should also appoint committees and see that these committees do their work to bring to the consciences and consciousness of the public officials their duties as to the prevention and cure of disease.

Many a shameless bit of medical jobbery is smuggled into law simply because the men with power hear only the quack's side and not a word is uttered by us who are the appointed guardians of the Nation's health. The profession by such silence is not only renegade to its humanitarian function but it is renegade to its own self-interest.''

Shall we allow such abuses to continue forever or are we ready to move in solid phalanx against the various foes of our profession?

It is for this and similar bodies to answer that question. My desire however is that we as a profession shall rise in our

might and crush out the evils which are so prevalent under the guise of medical charity, medical philanthropy other similar garbs and thus sustain the grandest, the noblest and most exalted of all the professions, "Scientific Medicine."

---

### Dengue Fever.

#### TWELFTH PAPER.

To compete for the Yale Surgical and Gynecological Chair offered by the SOUTHWESTERN MEDICAL RECORD, for best paper on some medical subject. See last page of cover.

The citizens of this State have not been so disturbed, both mentally and commercially by any disease (with so small a percentage of death) as they have been by the recent epidemic. A disease itself so harmless—with a death rate comparing with Rotheln—has by its similarity to the dreaded disease, yellow fever, tied up commerce, involving the loss of a large amount of money; caused the profession to differ as to which was which; yes, even caused the necessity of calling in a Northern *pathologist* to act as expert in deciding the *clinical* difference between it and yellow fever. This fever has become so familiar to the medical profession of Texas, and especially of the Gulf district, that a short article may be of interest to them and their representative journal, THE SOUTHWESTERN MEDICAL RECORD.

Dengue fever with its different names, from the Caucasian, dengue to the darkey's dago fever, generally develops in an epidemic form, though sporadic cases have been noted. It is a disease of hot climates with a low altitude, preferring the coast country, and has a variety of synonyms, *dandy fever*, a name given to it by the negroes of West Indies, owing to the peculiar walk caused by the stiffness of the muscles; break-bone fever, by the severe pain in the bones and joints; Aden fever because it was supposed to have been imported from Aden; in fact it has a different name in nearly every locality that it has visited.

As early as 1780 Dr. Rusk, of Philadelphia, speaks of a bilious remittent fever, which was called break-bone fever,

owing to the severe pains in the bones. The first reliable publication written about dengue on this continent was by Dr. S. H. Dickson, of Philadelphia, in 1839, and was based on the author's experience during the epidemic in Charleston, 1829. This publication has stood the test of time, and although since then several epidemics have swept over the country, notably 1850, in Augusta, Ga., and in the Gulf states, 1873, 1880, 1886 and 1897, and each has been investigated by many painstaking and able observers, the publication by Dr. S. H. Dickson still heads the list. As nearly all the authentic epidemics of dengue have been below the Mason and Dixon line, some doubt is thrown on Dr. Rusk's statement in Philadelphia, 1780.

That dengue fever is caused by some micro-organism is beyond doubt, still the individuality of said micro-organism is unsettled. Dr. McLaughlin, of Austin, in 1886 claimed to have found the micrococci of dengue in the blood of patients, but no satisfactory evidences of their etiologic relation have been presented, nor have his observations been confirmed by other investigators. Whatever it may be it is highly infectious, and after striking a locality, spreads with wonderful rapidity, exempting very few individuals. Neither does one attack render the patient immune; in both of these characteristics, it is similar to the micrococci of lagrippe.

Whether dengue is infectious or contagious is still an unsettled point. Dr. S. H. Dickson, of Philadelphia, who to this day is accepted as an authority on dengue, advocated its contagiousness, while others and equally as painstaking writers, deny same, among whom is Dr. W. T. Wragg, of Charleston, contemporary with Dickson. Certainly, its rapid and nearly simultaneous spreading, its limitation to one neighborhood or city, not extending into the surrounding country, although the population of this may have travelled to and fro, favors the theory of infection. Dengue is generally sudden in its onset, no previous indisposition being felt by the patient till the initial chill, which is rapidly followed by fever, sometimes in aggravated cases reaching as high as 106 F. The headache is very distressing, and the intense pain in the bones and muscles, gives it the synonym, break-bone fever. There is nausea and vomiting in severe



cases—even black vomit—which, however, is always only slight. The tongue is coated, eyes injected and watery, photophobia being often present. The patient looks sick, and certainly feels very depressed by the extreme pain, chills and flushes. This state lasts from one to five days, when in the majority of cases an eruption appears on the surface of body. This is generally erythematous in character, but may resemble rubeola, scarlatina and urticaria. One feature is always present, and that is the very annoying and distressing itching. Desquamation is frequent, the urine in the majority of cases is free from albumen, though in this as in nearly all eruptive fevers, where there is hyperpyrexia, albumen is occasionally found. The pulse is rapid and full, ranging in comparison with the temperature. Coincident with the eruption is enlargement of the glands in neck, axilla and groins. The recovery is slow, altogether out of proportion to the severity of the disease, and leaves the patient depressed in spirits and suffering from insomnia.

The differential diagnosis between dengue and yellow fever will, until the specific poison of each disease is isolated, always be difficult. At the present day the microscopist does not hold the key to settle any dispute in regard to the diagnosis of these diseases, and the responsibility will be laid on the clinician, while it may appear possible, yes even easy, to diagnosticate between the two diseases by reading the text book, in actual life, when the conscientious physician meets an atypical case of dengue, with the high temperature, black vomit, slow pulse and albuminuria, he certainly will find it difficult to diagnosticate it from a case of yellow fever, and when we take into consideration the mental and commercial importance depending on such a diagnosis, a physician who will make a snap diagnosis, certainly either can not be very conscientious or must consider himself a second Messiah. As in 25 per cent. of dengue no eruption appears, even that clinical feature loses a great deal of its importance. In a severe case of yellow fever the jaundice is very pronounced—black vomit and other pathognomonic symptoms exist; such cases are few and until the specific poison has been isolated, some doubt will always exist as to the differentiation of the two diseases. As early as

1828 Doctor Osgood advanced the theory that dengue was a modified form of yellow fever, and certainly the difficulty in making a differential diagnosis, experienced by physicians, meeting these diseases by the bedside, tends to strengthen the above theory. The differential diagnoses between malaria and dengue is not so difficult. The large, spongy tongue, thermometrical observation, and the typical cachexia, are strong points for malarial diagnosis.

Treatment is entirely symptomatic. While quinine is claimed to be a prophylactic in 15 grain doses, I have never derived any benefit from it. For the intense pain, some coal-tar derivative, or, what will generally be found necessary, opium. When we consider that from several thousand cases there were no deaths, all that will be found necessary is to relieve the suffering of the patient. For the mental and physical depression following dengue, tonics are indicated.

---

#### Effects of Antipyretics.

Dujardin-Beaumetz (M. Bardet, Bull. Gen. de Therap.) always declared that the lowering of the temperature by the use of antipyretic drugs, which are toxic in themselves, was obtained to the detriment of the patient. The thermic elevation is the least important of the phenomena observed in cases of fever. The true therapeutic indication is to favor the elimination of toxic material rather than to reduce the fever. Since these toxic materials are only slightly soluble, some change is necessary before they can be eliminated. This can be accomplished by oxidation, which burns up toxic products, and changes them into soluble, harmless substances. Antipyretic drugs delay oxidation, and, therefore, interfere with nature's method of defense. This reason alone is sufficient to banish them forever from the rational therapeutics of febrile diseases. Cold baths will abstract heat when necessary, and at the same time increase the phenomena of oxidation.

# Southwestern MEDICAL RECORD.

---

All communications for the editors, original contributions, exchanges, books for review, etc., should be addressed to SOUTHWESTERN MEDICAL RECORD, Houston, Texas.

All communications of a business nature, all money orders, drafts, checks, etc., should be addressed and made payable to ROBT. T. MORRIS, M.D., Secretary, Houston, Texas.

The editors are not responsible for the statements or opinions of contributors.

*To Contributors and Correspondents.*—Original Articles, Clinical Reports. Correspondence upon subjects of General or Special Interest, News Items, etc., are solicited from members of the profession everywhere

---

Entered as second class mail matter at the Postoffice at Houston, Texas.

---

## EDITORIAL DEPARTMENT.

---

Dengue  
or  
Yellow Fever?

I WILL begin this article, with this proposition: There was only one epidemic in Houston. There has not been an epidemic of dengue fever, and another of yellow fever.

Whatever it may have been, name it as you please, it was all the same disease.

I watched it closely, from the beginning to the end, and being a member of the board of health, had a fine opportunity of studying the suspicious cases, and am firmly convinced that all anomalous symptoms were due to peculiarities of constitution, and not to the existence of a different infective agent. I was forced to this opinion by two facts, which are well established.

1st. There has not been an instance, in which any one person has had both [diseases. If measles [and whooping cough] prevailed in any community at the same time, some one would be certain to have an attack of measles, and afterwards, an attack of whooping cough. Such would also have been the case, [had] both dengue and yellow fever been epidemic in Houston, during the past summer. To say, that dengue protects against yellow fever, would be contradicting all recent authorities, and among them Guiteras. So we are driven to the conclusion, that it must all have been the same disease.

2nd. It happened quite frequently that a family of, say, four persons, would be taken sick at about the same time, and three of the number would have typical cases of dengue, while the remaining one would have symptoms indicative of yellow fever. Theoretically, there would be three cases of dengue in the house, and one of yellow fever. Common sense would tell us, however, that whatever the diagnosis, all four cases were the same.

We think the foregoing facts will convince any reasonable person that the past epidemic in our city was one entirely of dengue fever, or one entirely of yellow fever.

Which of the two was it? I wish to offer a few thoughts that have occurred to me which, I think may be of some assistance in arriving at the correct answer to this all important question.

I will begin by stating, that the disease in question presented at times all the symptoms of yellow fever, such for example, as suddenness of attack, injection of eyes, want of correlation between pulse and temperature, jaundice, scanty, albuminous urine, and hemorrhages from the different mucous membranes.

I will follow this statement, however, with the universally acknowledged fact, that yellow fever has no pathognomonic

symptom. In other words, no absolute diagnosis can be founded upon the clinical picture presented by this disease.

There is no instance in the past history of this fever, in which it was positively diagnosed in the incipency of an epidemic by its symptomatology.

The recent visitation has been no exception to this rule. A great number of cases occurred in Ocean Springs, before the situation was realized. There was no suspicion of this disease, either in Ocean Springs or New Orleans, until the patients began to die. It was dengue fever until the mortality rate labeled it yellow fever. We are loth to admit it, but it is nevertheless true, that the differential diagnosis between these two affections depends almost entirely upon the percentage of deaths. The diagnosis of a great number of complaints is founded more upon the mortality rate than we would at first thought suppose. One death for example in a thousand would exclude the possibility of any disease being diphtheria, or typhoid fever, even though the symptoms would indicate, that such was positively the case. With these facts before us, let us consider the fever, which prevailed in Houston.

There were at least thirty thousand cases, but for argument's sake, say there were only twenty thousand. According to the mortuary reports there were ten deaths ascribed to this fever, but suppose we allow twenty, we would still only have a mortality rate of one in a thousand.

In connection with this small percentage of deaths, I wish to call attention to the following facts.

1st. This city during the past five or ten years has had large additions made to its population by foreigners, and also by northern and eastern people, all of whom were unacclimated. If the disease had been yellow fever, the fatality among them should have been great, according to the experience derived from all previous epidemics.



2nd. Coal tar products were used *ad libitum* in nine-tenths of all cases. This we do not think would tend to lessen the number of deaths in a disease attended by such profound prostration as accompanies yellow fever.

3rd. Physicians treated the cases, with the unconcern born of the knowledge that the disease under treatment was not a serious one. Furthermore, one half of all the cases were treated by either a druggist or some member of the patient's family. We would not think this to be very conducive to a low death rate.

4th. Skillful nursing so essential to the recovery of a yellow fever patient was conspicuous by its absence in the recent epidemic. We had no occasion to employ nurses of any description.

5th. Yellow fever is no respecter of persons. The strong, robust, middle-aged person becomes its victim as readily as any one else. The deaths in Houston, with one exception, were confined to the very old or very young.

6th. Extreme carefulness of diet, so important in the treatment of yellow fever was not observed. One physician in particular, with a very large practice, stated that he allowed his patients complete freedom as regards diet. And although he treated over eight hundred cases, had only one death in his practice.

7th. If Houston has had the same fever as existed in New Orleans, it is quite strange that our mortality rate was so very much lighter. If the disease was the same in both places, the reputation of the New Orleans physicians, heretofore supposed to be skilled in the treatment of yellow fever, is gone forever. And those old creole nurses, whose fame extends beyond the memory of this generation, must acknowledge that they have lost their cunning. A consideration of this fact forces upon us one of two conclusions.

1st. The fever in Houston was different entirely from

the fever that prevailed in New Orleans, and therefore was not yellow fever, or

2nd. Careful, painstaking treatment by the ablest physicians, in conjunction with skillful nursing, is an absolute disadvantage. In other words, the recognized treatment of this disease is a farce, pure and simple.

The New Orleans physicians tell us, that if we are correct, the symptomatology of yellow fever will have to be rewritten. We answer, by telling them if they are right, all former ideas concerning the treatment of the disease must be reconstructed. If the symptoms seem to confirm their opinion of the fever which prevailed in Houston, we claim that the therapeutical results have verified ours.

I wish to call attention to another very important fact, namely, there was positively no spread from the foci of infection discovered by Dr. Guiteras. Although over one hundred susceptible persons were exposed to the cases pronounced by him yellow fever, there was not a single one to contract the disease. It may, however, be remarked that one party had a case of dengue several days after visiting one of Dr. Guiteras' patients. What protected those persons exposed to the contagion? All of them had already had the dengue, it is true, but, according to the learned expert, that is no protection; in fact, he claims, in his report, that the existence of an epidemic of dengue hastens the spread of yellow fever. Why is it that the only case, which seemed to be infected, developed into a typical case of dengue, as evidenced by the appearance of a rubeloid rash? Dr. Guiteras was either wrong in his diagnosis, or the following facts are true: 1st, dengue protects a person from yellow fever; 2d, a person exposed to yellow fever may develop either dengue or yellow fever. But Dr. Guiteras himself most emphatically denies both of these propositions. The truth about the whole matter is simply this, the learned doctor based his opinion entirely upon the symptoms, regardless of the fact that past experience has demonstrated that a diagnosis so founded is liable to be wrong. Believing that my opinion is right, I take issue with the celebrated pathologist, and un-

equivocally pronounce the recent epidemic in Houston to have been one entirely of dengue. I base my diagnosis upon, 1st, the mortality rate; 2nd, therapeutical results, and, 3rd, the history of the supposed infected foci. While I appreciate the exalted ability of Dr. Guiteras, and realize his marvelous record, in the diagnosis of yellow fever, I am still forced to regard him as human, and, therefore, liable to err. That he has erred, in this particular instance, we think the developments in the case have proven. And it is from behind such developments, and the facts brought to light by the lapse of time, that we attack his position.

In conclusion, we must pay our respects to the State health officer. For him, we have no words but those of praise. Throughout the whole affair he has acted in a careful, intelligent, and conservative manner. His course has been such as to command the respect and approbation of all just and fair-minded physicians. He has again exhibited those traits of character which endeared him to the hearts of the people of Mississippi and Tennessee during the awful summer of 1878.

S.

---

THERE has been much controversy among Houston medical men as to whether or not we have had yellow fever in Houston. The question is not yet settled, although the belief is growing that there has been yellow fever in the city. Many of those who most strongly deny it admit that there have been plenty of cases with every clinical symptom of yellow fever, but say it was not yellow fever, because we have had no death rate. Many physicians in the city are agreed that there have been a number of suspicious deaths.

Now that the epidemic is over, we should arrive at a true scientific diagnosis of the epidemic. During the excitement commercialism ruled. The commercial interests made its own diagnosis and applied its own quarantine treatment, and that a strong, selfish prejudice obtained among the masses, and was shared to some extent by medical men, we believe all intelligent, observing, trained minds will admit.

We believe that to the student not on the field, that the geographical distribution of the epidemic that has just passed in the states of Louisiana, Mississippi and Texas, and to a less extent in other states, would cause him to believe that it was one disease, or that if there were two diseases, dengue and yellow fever, that they are related and brought about by the same causes or conditions. We have been on the field (Houston) and we never saw either dengue or yellow fever prior to this epidemic, and we have had the privilege of listening to men of experience in prior epidemics of the disease, or diseases, as the case may be, relate in detail their various and conflicting opinions of both the present and past epidemics, and this with our own experience in the present epidemic just passed, lead us to believe that about the same relationship exists between dengue and yellow fever that exists between intermittent malarial fever and so-called pernicious malarial fever, wherein you have an alarming condition of the circulation accompanied with depression and collopy. Indeed, as malaria is known to have so many forms of manifestation should we not agree with the able editor of the *Medical Brief*, Dr. Lawrence, who says:

“Yellow fever is simply tropical bilious fever. The same cause that produces intermittent and remittent fevers, intensified produces yellow fever. There are four things necessary for its production, viz.: 1. A daily mean solar temperature of 75 degrees for eighty days. 2. Decomposing vegetable matter. 3. Moisture, 4. The locality must be under five hundred feet above the level of the ocean. The absence of either one of these conditions prevents yellow fever in any locality.’”

Also the able editor of the *Sanitarian*, D. N. Bell, of Brooklyn, who is an authority on sanitation, says:

“Wherever it (yellow fever) is wont to prevail the locality is marked by the excessive accumulation of vegetable matter on the surface and in the subsoil, in a more or less putrescible condition; by defective, or total lack, of soil

drainage and sewerage; and by a prevailing temperature of about 80 deg. \* \* \* \*. It is liable to break out in, or to be introduced into, such places only."

The very conditions to produce malarial fevers.

If, as a number of the Houston medical men claim, the only differential diagnosis between dengue and yellow fever is the death rate, how can they reconcile the different death rate of the following cities as given by the *Times-Democrat* At New Orleans, 10.85 per cent.; at Mobile, 17.3 per cent.; at Biloxi, 4.6 per cent.; at Edwards, 5.3 per cent.; at Scranton, 5.2 per cent."

If Mobile had yellow fever with a death rate of 17.3 per cent., and Biloxi had yellow fever with a death rate of but 4.9 per cent., why could not Houston have yellow fever, which she did, with a death rate of less than 1 per cent.?

The RECORD would like to have a full and free discussion or opinion of the physicians of Texas who have had any experience in the late epidemic, as to whether or not we have had any yellow fever in Texas.

Every physician, whether a subscriber of a particular medical journal or not, owes a debt to the profession to report through the columns of some journal his *success* or *failure* along the lines of work in which he is most interested. There is not a physician in practice anywhere but who does not continually hope for something better in practice or fame.

The RECORD invites you to send your convictions, with reasons, upon the following questions:

1st. Are yellow fever and dengue fever two separate and distinct diseases?

2nd. If so; give differential diagnosis?

3rd. Are yellow fever and dengue fever related as two different forms of malarial fever and produced by the same cause or condition?

4th. In the late epidemic have we had dengue fever or yellow fever, or both?



5th. Is the death rate the only differential diagnosis between dengue and yellow fever?

Address the SOUTHWESTERN MEDICAL RECORD, and sign your name plainly; the Editors will supply all technical errors of manuscript occasioned on account of haste. B.

---

**A Recent Illinois  
Decision.**

The Supreme Court of Illinois has confirmed the finding of the lower court, in a case of contempt, wherein a physician refused to give expert testimony without compensation. The Court holds that expert knowledge is not personal property in the eyes of the law.

If it is not personal property, we would be under obligations to the Court to tell us what it is. If it is not personal property, the natural inference is that it must be common property. Granting this, physicians are, consequently, sharpers, for they retail at a price that which belongs to all men in common. If it is common property, like air and sunshine, then one man has as much of it as another, and the Courts have no need of a physician as an expert, for the jurors are themselves experts.

Such an absurd ruling as this has a tendency to destroy the sanctity of an oath, for an oath extracted under threats is no oath at all. A physician that is forced to give up that which is his own under fear of a fifty-dollar fine—when he ought to receive fifty dollars as compensation—is not in at humor to consider the procedure other than a legalized robbery, and the Court entitled to be baffled as he would a robber. A physician that submits to it, and gives conscientious opinions, can only view the procedure as a species of blackmail that he can better afford to grant than resist.

If this method of extortion were confined to criminal cases it might be looked upon with some degree of leniency, for every citizen is interested in the enforcement of such laws, but when it extends to civil suits, we wish to enter a positive objection.

It is a common practice among physicians to be entirely too free with their time and talents, and thus, in a measure, bring about the unjust conditions referred to above. Some,

especially young men, are often anxious to appear as experts in Court, and rather seek the opportunity than otherwise, for the notoriety attending it. Such a method of advertising, while generally considered legitimate, still does not impose upon the Court officials; and they naturally form the opinion that a favor is shown when a physician is called as an expert.

We have recently, in this city, had a striking example of unrewarded medical services. These services were of incalculable benefit to the community; and yet remuneration was not thought of on one hand, and not asked for on the other. Our worthy Mayor had chosen, to his aid, a health board of non-professional citizens, good men and all that, but when the yellow fever scare arose they gladly delegated their authority to a board of medical men, and hied themselves away. This medical board (Drs. D. F. Stuart, J. W. Scott, Max Urwitz, W. R. Eckhardt, and R. G. Turner,) worked unceasingly, both day and night, for a period of over a month—with much weariness to the flesh and loss of practice—all for naught, save some newspaper notoriety. If the same amount of professional labor had been rendered the city by the legal fraternity as was rendered by these gentlemen, it would have been rewarded by a neat sum—worthy both of the city and the lawyers.

Physicians are, however, so short-sighted and big-hearted that they often fail in a pecuniary way—so much so that we sometimes think they need a guardian. R.

---

**Mercury as Used in  
Yellow Fever One  
Hundred Years  
Ago.**

One hundred years ago, Dr. Brackett gave the following as his experience in the treatment of yellow fever: "If I could procure soreness of the fauces by administering calomel in small doses, and rubbing it in

the gums, or, by friction, on the legs and arms, with mercurial ointment, the third or fourth day, I was sure of their recovery." The most miraculous report, however, comes from Dr. Walker, who extols the powers of mercury as a preventive in yellow fever. "When the fort of Omoa, Jamaica, was

taken from the Spaniards, a great quantity of quicksilver was carried off by the English. One ship was loaded with it, and the vessel containing it being broken by the shot of the ship which captured her, a number of men were employed in collecting it with their hands into buckets. Not one of these men was in the least affected with sickness, though a most malignant fever raged among the rest. Preventives of such a powerful nature, however, could not well be adopted without the advice of a physician, it being evidently dangerous for any person unacquainted with medicine to tamper with in this way." It is certainly remarkable that it never occurred to the immediate descendants of these gentlemen that they should exercise the same precaution in administering their heaping teaspoonful of calomel. J. A. M.

---

## CORRESPONDENCE.

To the Medical Profession of Texas:

The old Committee on Medical Societies of the Texas State Medical Association has been reappointed; the work expected of this committee being the organization of the medical profession of Texas in the best manner possible.

With a feeling of diffidence, we again come before you to present some of the claims which the noble profession of medicine has upon you; also, to point out some of the needs of the profession in this State, and to suggest a plan of organization and work, by which we hope to accomplish material results and lasting benefits.

Too many physicians go through life believing their duty has been fully discharged when they have completed their daily business satisfactorily to themselves; neglecting their duty towards those who have brought the profession to its present high standard of excellence.

It is the unquestionable duty of every regular graduate in medicine to belong to a local and State medical association; if there is no local society in his community, he should see to it that one is organized, if not in his county, then in his district. The physician owes it to his patrons, to his profession, and to himself, to affiliate with and work for the cause of leg-

itimate medicine. The medical society is educational. By a mutual interchange of ideas at the society meetings, the most stupid can gain something, and the most learned may add to his knowledge. Our most intelligent and successful physicians are medical society men. There is nothing else which so broadens a man's views and increases his interest in his chosen profession as free intercourse with his fellows; and this is especially applicable to the medical profession. The foregoing being true, it is clearly the duty and the privilege of the physician to benefit himself and his patrons, by attending the medical society meetings. Not only may we and our patients be benefited by our attendance on medical society meetings, but through these organizations and united effort the standard of medicine may be elevated, and efficient laws for the protection of the people and the profession may be secured.

#### A MEDICAL LAW.

For twenty years the profession of Texas has been burdened with a "crazy-quilt" law, the provisions of which are almost totally inoperative. It stands on the statute books a mere pretence, and is a disgrace to the great State of Texas and her grand array of noble medical men. Through the inefficiency of this law our State has been brought into disrepute, the impression being general that any one can practice medicine in Texas, consequently our State has been deluged with the incompetents, ignorant pretenders, and blatant quacks from other States, and by undergraduates who hold a certificate from a district board of our own State. Texas is a rich field for these ignorant pretenders.

When the last Legislature was asked to enact a medical law, which was framed and favored by the Texas State Medical Association, it refused, and instead it gave us the iniquitous and unjust

#### OCCUPATION TAX.

One of the medical journals of Texas has very aptly said: "The medical profession of Texas asked for bread, and was given a stone." The many noble deeds of charity done by physicians (more than all other professions and trades combined) counted for naught; the State, through her law makers, saw a chance to raise revenues by unjustly taxing a

class of her most charitable citizens, who were not well enough organized to resist such unjust measures.

Another matter that deserves the correct consideration of the medical profession of this State is the establishment of a

STATE BOARD OF HEALTH.

Nearly all of the more progressive States of the Union have State Boards of Health. Even these States have found them not only useful, but an actual necessity.

To elevate the standard of medicine, to secure laws protective alike to the profession and the people, such as will advance our common interests, our only hope is in *organization*.

We appeal to every regular graduate in medicine to use every effort to increase the membership in medical societies where they exist, and to effect their organization where at present there are none.

Make it a personal matter. Talk "Medical Society" to your brother physicians, arouse their interest and enthusiasm, until every eligible physician is a member of at least a local society. Those who organize city, county and district societies should, and we believe will be, gratefully remembered by the other members of the medical fraternity. Too much cannot be said in their praise.

REQUEST OF THE SECRETARIES OF LOCAL MEDICAL SOCIETIES.

At the meetings of the local societies is the proper place to present the claims of the State Association, and we therefore call upon the Secretaries of the different local societies to provide space on their program for inviting members to join the State Association. Let every man do his full duty and within a few years we will have secured a medical organization so perfect in its completeness, and so powerful in its influence for the good of humanity, that any and all physicians will be proud to be numbered with the Texas medical profession.

Respectfully,

Committee, { S. E. HUDSON, Austin, Chairman,  
L. L. SHROPSHIRE, San Antonio,  
J. D. BECTON, Greenville,  
W. R. BLALOCK, McGregor,  
E. A. WOLDERT, Tyler, Secretary,

Sub Committee, { JOHN H. HURT, Big Springs,  
T. W. COVERLY, San Angelo,  
L. M. BERG, Laredo.



**Late Dengue Epidemic in Houston, Texas.**

Dr. D. F Stuart, President of the board of health, has something to say concerning the recent epidemic of the dengue fever.

To the Editors of the SOUTHWESTERN MEDICAL RECORD:

Houston, as is well known, has lately been visited by an epidemic of dengue fever that afflicted fully two-thirds of her population. And now since it is practically numbered among the things that have been, I deem it the duty of all physicians to call attention to any particular features impressing them, to the end that it may tend to the crystalization of our knowledge concerning this unwelcome visitor.

In addition to my duties as a practicing physician, I served as president of the advisory board of health in this city, and in the latter capacity had called to my attention the attitude of the public in general toward physicians—not that this relationship had not been known and noted before, but simply that the incidents of the present epidemic accentuated it. In August last, when the disease first made its appearance here, coming *via* San Antonio, it found this city with a board of health composed entirely of laymen. (This is a condition of affairs quite common in the “Great Republic” and would be very laughable did it not at times become serious. “The powers that be” feel constrained to reward their political henchmen, and since physicians are rarely concerned in politics, the reward usually goes to some “ward heeler.”)

The charter of this city makes no provisions for an advisory board of health, yet with yellow fever staring us in the face (it was in Louisiana) the mayor's, (Mr. Rice) fiat created one and prevailed upon the regular board to delegate its powers to the one of his creation. This they did with alacrity (showed their good sense—glad to have a substitute to handle yellow jack) and left to Drs. R. G. Turner, Max Urwitz, W. R. Eckhardt, J. W. Scott and me the arduous duties of dealing with a frantic and panicky people. We labored with unrelaxed vigilance, both day and night, for a period of several weeks; stood all sorts of adverse criticism, both by the people and by the press; exposed our persons (I alone had had yellow fever) to suspicious cases and endangered our practice

thereby; and by this means saved to Houston thousands upon thousands of dollars. The expenses of the board did not exceed seventy-five dollars, and fifty dollars of that was for a chemist. The members of the board gave their time and talents in lieu of the praise of some and the sneers of others. Had the same amount of services been rendered by members of the legal profession a handsome fee would have been asked for and allowed. With the board however, it was different—no fee was thought of on the one hand, nor asked for on the other. This state of affairs is evidently not as it ought to be. Patriotism and public spirit are all well and good, but when they are carried to the exclusion of good business sense and thrift, they lose some of their flavor. This is not a Don Quixote age but an utilitarian one, and it behooves us to get in harmony with our surroundings.

No matter what criticism we may pass upon our own acts, there is none for Mr. H. B. Rice, our mayor, for he acted with rare good sense and vigor and showed an executive ability worthy of the office that he holds. To him is really due the honor of having raised the quarantine between Houston and Galveston, for it was upon his suggestion and active support that a committee of physicians from the two cities were enabled to make such investigations as would justify them in stating the true character of the existing disease. The duties of the board were remittent. They first began when Dr. Swearingen reported a case of yellow fever at Beaumont, and varied with successive, increasing intensity, as he found a suspicious case here, and then the visit of Dr. J. Guiteras, the special yellow fever expert of the government.

It is concerning the incidents connected with Dr. Guiteras's visit that we as medical men are most concerned. That memorable visit that caused our panicky inclined "not to stand on the order of their going" but to leave at all unreasonable hours and in all kinds of conveyances.

Prior to the visit of the government expert, Dr. R. G. Turner resigned from the board, owing to the fact that the rest of the board failed to agree with him in the diagnosis of yellow fever in a case pronounced by Dr. Swearingen as suspicious. While we do not understand his motive in resigning, still we can but applaud the manhood that enabled him to as-

sert his convictions. Dr. Turner is not alone in his views on this epidemic having been mixed with yellow fever, for there are several reputable physicians here in full accord with him.

To return to Dr. Guiteras. While here he visited in company with Dr. Turner, three of his suspicious cases; *i. e.*, made a hasty visit, for they were gone only three-quarters of an hour. That evening somewhere between here and Alvin, Texas, Dr. Guiteras made up his mind that we had three cases of yellow fever in Houston, and Dr. Swearingen so telegraphed the board from that point.

This lightning diagnosis rather astonished the board; for some of us, at least, had seen a good deal of yellow fever and dengue fever as well, and knew how difficult it was to make a diagnosis in some cases. Before enlarging upon this point I will submit a table of differential diagnosis taken from Keating, and prepared by Dr. Matas, of New Orleans, La., clipped from the *Medical News*:

#### YELLOW FEVER AND DENGUE.

Taken (with some modifications and additions) from Holliday's Diagnosis Table in Matas' Article on Dengue in Keating's Diseases of Children.

	YELLOW FEVER.	DENGUE.
PAROXYSM .....	Single .....	May show two with remissions between.
TEMPERATURE.....	Rises regularly .....	Rises irregularly.
DURATION .....	72 hours (average).....	3 to 5 days.
TONGUE .....	White center, red pointed tip and edges.	Broad, white and indented.
CONJUNCTIVÆ .....	Injected .....	Rarely very red.
STOMACH .....	Irritable .....	Nausea.
VOMIT .....	Frequent .....	Rare.
NEURALGIC SIGNS .....	Severe pains in head, back and limbs .....	General pains, even more violent; joint pains being especially prominent.
	Great jaetitation; hebetude .....	Restlessness from the pain, manifestations of impatience.
ERUPTION .....	Rare .....	Early appearance of eruption.
JAUNDICE .....	Early, especially in conjunctivæ .....	Never.
NERVOUS EXHAUSTION .....	Prominent and alarming .....	Profound but not alarming.

SECRECTIONS ..	All suffering .....	Natural.
URINE .....	Scanty—albuminous ..	Exceptionally albuminous.
HEMORRHAGES ..	Frequent and alarming	Slight and insignificant.
BLACK VOMIT.....	Not frequent .....	Very rare.
RECOVERY.....	From 2 to (?) per cent.	Never fatal.
	(16.66 per cent. in New Orleans in 1878 of 27,000 cases, Jacksonville 10 per cent. of 4500 cases.)	
	Some epidemics have been remarkable for the small mortality exhibited and others for its great fatality.	
RAPIDITY OF SPREAD	Rather gradual and systematic.....	Very rapid, like wildfire.

This table of differential diagnosis is given for the purpose of condemning. In typical cases it will answer fairly well, but in these it is not really needed, for the points of difference are so sufficiently well marked that any one at all familiar with the symptoms of the disease would not confound them. It is in the atypical (or as the board of health called them, anomalous) cases that this table *utterly* fails. The divergent pulse and temperature (Faget's law), the albuminous urine, the icteroid eye and skin, the furred and pointed tongue, and the black vomit are all present in dengue fever. The difference in mortality, as cited by the table, I believe to be decidedly misleading; for a disease with the distressing and sometimes alarming symptoms that attend dengue, would in all human probability have some mortality, at least among the very old or very young, and the greatly debilitated. Then again, a disease that can have a mortality of ? per cent., as given for yellow fever, can within all reason, have a mortality of 0 per cent. You understand our position, then, is that the mortality is of such an unstable character as to be utterly worthless for points of differential diagnosis in doubtful epidemics.

Believing as we do that the two diseases are distinct in etiology—typical cases are sufficiently distinct in clinical symptoms to verify this belief—we are disposed to wait upon the development of the disease in non-immune subjects, coming in contact with the atypical case, before

venturing a positive diagnosis. We are disposed to rely upon this method (taking all necessary precaution in suspicious cases) until further research shall demonstrate the value of Drs. G. Sanarelli's, D. Freire's and J. W. McLaughlin's claims. Feeling this way, and knowing these things, you can well imagine our consternation upon receipt of Dr. J. Guiteras' lightning diagnosis of what we believed to be anomalous or atypical cases of dengue fever. We did not accept his diagnosis, however, but followed out our own method, namely: isolation of suspects and surveillance of non-immune infects. In each instance our diagnosis was verified, we are glad to say, but at the same time readily admit that we were not all the time so sure that this verification would come.

The scare is over, the public quiet, the dengue almost gone, and we are thankful that we were right this time, and hope that we will be the next. And the advisory board of health is now ready, like Cato of old, to return to the "lay Board" its original powers and, with the satisfaction of service well done, take up their peaceful employment of practicing medicine.

D. F. STUART, M. D.,  
Pres. of Board of Health.

---

Editors Southwestern Medical Record:

Corsicana, Texas, Oct. 19. 1897.

At a meeting of the physicians of Navarro County, Texas, which was recently held in Corsicana, the object of which was to discuss the occupation tax recently imposed upon the medical profession, the following resolutions were read and after discussion unanimously adopted.

Resolved, That we, the physicians of Navarro county, in convention assembled, not wishing lightly to question or antagonize the laws of our state, but deeply feeling that a wrong has been done our noble profession by the last legislature in the imposition of an occupation tax, will do all in our power to defeat the law or cause its repeal at the earliest hour.

For many years the policy of this state, guided by the wisdom of our great statesmen. has declared against such a tax.

The occupation tax is levied upon such trades, occupations



and callings as are supposed to be devoid of charitable or benevolent purpose for the person pursuing them.

The tax is supposed to be a return to the public for the privilege of engaging in the business and enjoying its remuneration.

Tested by this principle, the tax on physicians becomes unjust.

There is no profession upon whom more demands for charity are made, whose professional labor is so poorly paid, or more incessant and trying.

At all hours of the night and day, standing by the sick bed battling with disease and epidemics in every form, comforting the despairing and carrying light and hope to many a home and heart, it surely can challenge comparison with every other untaxed profession or institution benevolent or otherwise in this state, and justly claim that its public labor for public good, its vast and constant charities entitle it to exemption from this tax.

It is therefor resolved that we take steps to arouse our brethren in the state to an active, organized opposition in every county in the state. That we make test cases of the law, and in case of failure we exert our influence before the next legislature to repeal.

At the close of the meeting a committee was appointed to confer with other members of the profession, requesting their co-operation in organizing to defeat or have repealed this tax, which is not such a great pecuniary imposition, but which involves principle that outweighs the tax which is imposed.

It is not the individual doctor who is insulted, but 'tis the medical profession at which the law strikes a blow, and thus seeks to turn one of the noblest of professions into a trade. The State of Texas thus emphatically declares that she is under no obligation to her medical profession.

Hoping to have your co-operation in this movement, which is of such vital importance to us all, we remain,

Fraternally Yours,

A. C. SLOAN,  
W. J. W. KERR,  
A. O. BUCK,  
M. B. PITTS,  
I. N. SUTTLE.  
Committee.

Editors Southwestern Medical Record:

Upon the request of Dr. Harrison, of Columbus—personal letter, Oct. 24—permit me through your valuable columns to enter into the exposition of the finale necropsical observations in the case of Eva Duncans.

**Kidney:** The uriniferous tubules were shorn of epithelial lining and were filled with granular debris; the denuded cells covering the epithelial layers of the glomeruli were packed apparently full of fat; the malpighian tufts were loaded with pus corpuscles, detached epithelial cells, albuminoid and oily matter.

**Liver:** The hepatic cells were obliterated by deposits of fat globules; there was complete steatosis of the organ; there were enormous quantities of urea deposited in its parenchyma; sections congealed by 32 deg. F. and subjected to double staining with eosin and haematoxylin and mounted in canada balsam requiring four days show micrococci somewhat similar to the bacillus coli communis; nephritic congealed sections by same process developed microbial bodies—in pairs—not dissimilar in appearance to the bacillus x described by Sternberg. It is not here claimed that the micrococcic bodies isolated in these specimens are or are not related to the icteroides bacillus of Sanarelli. Our information is yet too meager. The professional mind must center for a while on the developments which we hope are to immediately come, namely—the separation and clear distinction of the x, the icteroides, and colon bacillus. E. B. JACKSON, M. D.

---

Austin, Texas Oct. 8th, 1897.

Dr. R. G. Turner, Houston, Texas.

DEAR DOCTOR: Inclosed find report of examination of specimens received.

\* \* \* \* \*

Specimens of portion of liver, kidney and stomach, also contents of gall bladder received Oct. 3rd, 1897.

Contents of gall bladder about 6 drachms thick fluid of red, brown color, acid reaction, containing blood clots, albumen, hematin, urea.

#### MICROSCOPICAL EXAMINATION.

Blood corpuscle, fat globules, epithelial cells, uric acid crystals.

Section of liver records, about 1 inch by 5 inches. Soft and flabby to the touch, of greyish, brown color, after standing turned a light grey, had a granular appearance, whether from cutting or not, unable to say. Consisted of blood, water, fatty tissue. Microscopical appearance shows fat globules, uric acid crystal and black and yellow streaks.

Section of kidney about 1 inch by 2 inches. In external appearance, light grey purple, smooth. Internal appearance reddish and in places very dark, purple spots. Microscopical examination shows uric acid crystals, fat globules in abundance and blood corpuscles with the same yellow streak and black that appeared in the liver, showing adnormal condition existed that affected both kidney and liver, have no authority on to give name.

Portions of stomach record is a yellowish, white color with ragged edges, whether from post-mortem removal caused unable to say. Internal appearance same yellowish, unhealthy color. Microscopical shows the villi and mucus patches, fatty globules, a few pus cells, and streaks of yellow.

In addition to report sent on 8th, inst., upon examination of a second slide of liver cut another way—find in addition pus cells—this in addition to other statement sent is my official report.

W. R. NEVELLE, Ph. G.

N. B.—The above letter refers to the Eva Duncans case.

---

## SOCIETY PROCEEDINGS.

### The North Texas Medical Association.

Pilot Point, Texas, November 15, 1897.

DEAR DOCTOR: The next semi-annual meeting of the North Texas Medical Association will be held in the city of Dallas, Texas, beginning Tuesday, Dec. 14, 1897, and will continue in session for three day.

The meeting will be called to order promptly at 10 o'clock a. m. Your attendance and co-operation on this occasion are very much desired.

The benefit and pleasure derived from these meetings can scarcely be exaggerated. If you have attended before, come again. If you have not you cannot afford to miss it.

You will receive a hearty welcome from the profession and citizens of Dallas.

You have a standing and cordial invitation to contribute a paper, or report an interesting case, and by your presence and influence assist in promoting the interests and high aims of the profession.

O. C. BUSTER, M. D., President,  
R. D. POTTS, M. D., Secretary, Pilot Point.  
Bonham.

NOTE.—A rate of four cents for round-trip has been made on all railroads in the State. Call for a receipt from your ticket agent and present that to the Secretary for signature on arrival at Dallas.

---

Fruit, Texas. November 11. 1897.

DEAR DOCTOR: The next meeting of the East Texas Medical Association will be held at Troupe, Texas. January 11 and 12. 1898. Will you kindly contribute an article or report a case at that time?

Yours fraternally,  
E. C. FOSTER, M. D., Secretary.

---

#### The South Texas Medical Association.

The South Texas Medical Association will hold its semi-annual meeting in Beaumont December 28, 1897. This organization will be one year old December 9, 1897. It has gradually increased in growth and strength ever since its organization so much so that it is now *the* acknowledged medical association of South Texas. The committee (Drs. Red, Morris, Hodges and Mullen) on organization, carefully went over the work of organizing and in their letter of October 10, 1896. say: "We will dispense with preliminary and extraneous matter and devote our time exclusively to scientific subjects, so as to concentrate as much work in as short time as possible, permitting those offering *papers* opportunities to read them, and those attending the time for hearing and discussing the same." The following of this course we believe to have led the association to its present standard of respect and confidence. Every physician in South Texas should attend this meeting. The dues are one dollar per year. The hospitality of Beaumont is bounteous and cordially well known. So we advise our brother physicians to take a day off and spend it in Beaumont, Dec. 28.

**The South Texas Medical Association**

Will hold its third semi-annual meeting in Elks' Hall, Beaumont, on Tuesday, Dec. 28, 1897. The following interesting program has been prepared:

Meeting called to order at 9:30 a. m. by President Dr. Bat Smith, of Wharton. Invocation, Rev. W. W. Watts. Address of welcome, Hon. Geo. C. O'Brien. Response for association, Dr. Joseph A. Mullen, of Houston.

I. "The Nose—its Functional Integrity, an Important Factor in the Health of the Possessor," by Dr. E. S. Heisig, of Houston. Discussion opened by Dr. Vard Hulén, of Galveston and Dr. J. W. Cruse, of Beaumont.

II. "Intestinal Sepsis, The Antiseptic Treatment," by Dr. F. B. King, of Houston. Discussion opened by Drs. S. C. Red, of Houston, and A. H. Schenk, of Kennedy.

III. "A New Operation for Piles." By Dr. Wm. Keiller, of Galveston. Discussion opened by Drs. J. E. Thompson, of Galveston and J. O. Williams, of Houston.

IV. "Report of Six Cases of Puerperal Eclampsia with Three Deaths." By Dr. J. S. Price, of Beaumont. Discussion opened by Drs. J. F. Y. Payne, of Galveston, and S. W. Sholars, of Orange.

V. "The Diagnosis of Malaria," by Dr. H. H. Forline, of Houston. Discussion opened by Drs. H. A. West, of Galveston, and J. W. Blewett, of Beaumont.

VI. "Anatomical Changes in Malarial and Yellow Fevers." by Dr. Bat Smith, of Wharton. Discussion opened by Drs. Wm. Keiller, of Galveston, and J. E. Cameron, of Alvin.

VII. "Influenza with Special Reference to the Genito-Urinary Organs." By Dr. O. L. Norsworthy, of Houston. Discussion opened by Drs. W. W. Cunningham, of Beaumont, and J. Saunders of Orange.

VIII. "The Operative Treatment of Hair-Lip." By J. E. Thompson, of Galveston. Discussion opened by Drs. R. T. Morris, of Houston, and Bat Smith, of Wharton.

IX. "Uterine Curettage." By Dr. J. W. Scott, of Houston. Discussion opened by Drs. S. C. Red, of Houston, and B. F. Calhoun, of Beaumont.

X. "Dengue versus Yellow Fever." By Dr. R. T. Morris, of Houston. Discussion opened by Drs. J. W. Scott, of Houston, and Geo. H. Lee, of Galveston.

XI. "Why so Many Young People Wear Glasses today." By Dr. Vard Hulén, of Galveston. Discussion opened by Drs. E. S. Heisig, and Joseph A. Mullen, of Houston.

XII. "Operative Gynecology; Report of Cases." By



Dr. T. L. Kennedy, of Galveston. Discussion opened by Drs. R. W. Knox, and Donald McKay, of Houston.

XIII. "Epistaxis as a Symptomatic Complication of the Recent Dengue Epidemic" by Dr. Joseph A. Mullen, of Houston. Discussion opened by Drs. Vard Hulen and T. L. Kennedy, of Galveston.

XIV. "Nature and Art in the Cure of Disease" by Dr. B. F. Calhoun, of Beaumont. Discussion opened by Drs. F. B. King, of Houston, and J. F. Collier, of Conroe.

The Forty-First Quarterly Meeting of the Austin District Medical Society will be held in the K. of P. Hall, Austin, Texas, Thursday, Dec. 16, 1897.

S. CUNNINGHAM, President.

S. E. HUDSON, Secretary.

## NEWS AND MISCELLANY.

See blank ballot on page x of this number.

Vote for the best paper and thus reward the writer.

Don't forget to cast your vote; see blank ballot on page x of this number.

The new City Directory of Houston gives the names of 110 physicians in Houston.

Dr. R. W. Knox, of Houston, returned on Nov. 1st, from a six week's visit to the New York schools of medicine.

Drs. D. F. Stuart and son, J. R. Stuart, were called, on the 25 ultimo, to Taylor, Texas, on professional business.

FOR SALE OR TRADE—One set Foster's Encyclopediac Dictionary—Cost Price \$40. Address Dr. J. B. Massie, Houston, Tex.

Every subscriber of the RECORD is requested not to forget to cast his vote for the best paper, so as to reward the writer for his work.

Dr. J. C. Loggins, ex-president of the State Association, while here on business, dropped in to talk over the yellow fever scare with the editor.

The Houston District Medical Association has decided to devote the ensuing six months to the study and discussion of

drugs. Acetanilide being the one selected for the next regular meeting.

Any physician who is not already a subscriber of the RECORD and who wishes to know what it is, can have it three months on trial free by dropping us a postal card requesting the same.

Dr. N. J. Phenix, of Alvin, was in Houston recently and paid the editors of the RECORD a visit. Dr. Phenix was formerly connected with the RECORD and the RECORD is always honored by his visits.

Drs. M. M. Smith and A. N. Denton, both of Austin, have associated themselves with Dr. T. J. Bennett as editors of the *Texas Medical News*. Dr. Smith is an old time friend of ours and we can assure the public that what he writes will be worth reading.

We wish to say, for the benefit of the divided Houston medical profession, that we believe it is just as untenable, unscientific, and as much against the laws of evolution, to maintain that there is no death rate in dengue fever as that there must be a death rate in yellow fever.

The Supreme court of Illinois has decided that a physician can be compelled to give expert testimony for ordinary witness fees. If the courts hold this to be just in Illinois, where the medical man has to pay for his education, we would not be surprised to see the courts of Texas hold that a medical man should be compelled to give expert testimony free, inasmuch as the state paid for the education of the physicians.

THE SOUTHWESTERN MEDICAL RECORD has grown during the hard times, and has made many friends. The RECORD promised its readers a journal by physicians for physicians. It also promised with the help and co-operation of the physicians of the Southwest, to grow into a larger and better journal. The 1898 RECORD, true to our promise, will be a better and larger journal, and will be a larger and better friend to the true physician. No secret drugs or questionable "ads" will be admitted to its pages, and its reading matter shall be by physicians for physicians.

## PUBLISHERS' NOTES.

TO PHYSICIANS.—When over in the First ward you can have your powders dispensed in elegant cachets or wafers by writing, Ft. Cachets, on your prescriptions and sending them to Richards' drug store, 1702 Houston avenue.

The remarkable collection of Mineral Waters, known as Sour Lake, is situated in Hardin County, Texas, about eight miles from Sour Lake Station, on the Texas and New Orleans Railway. The Lake is located in a lovely spot, and is surrounded by a grove of stately old oaks, maple, sweet gum, etc., which afford a delightful shade, and a cool breeze blows continually from the south. The waters of the Lake have a strong acid taste, and close around it are thirteen separate and distinct springs, each one furnishing a different mineral water. The lake is situated with bubbling gas jets, which impregnate its waters, and a mineral healing tar oozes up out of the ground and floats upon the surface of some of the springs. This is collected, and is used in the treatment of all kinds of skin diseases, ulcers and scrofulous sores. Both the gas and the tar burn with great brilliancy when ignited. See ad in this issue.

---

A Happy Thought.

Sept. 25th, 1897.

Messrs. John Carle & Sons, New York City:

Dear Sirs: I have recently used the Imperial Granum with very gratifying results, being called in consultation, when death seemed imminent, to see a child that could retain nothing whatever on its stomach. I remembered my samples of Imperial Granum and ordered it tried at once, and it was retained. The child has not vomited since, the bowels are quiet, and the patient on the road to recovery. I have also recently used the Imperial Granum in a case of typhoid fever with equally satisfactory results.

Yours very truly,

————— M. D.

Physicians can obtain samples of this valuable prepared food free, charges prepaid, on application to John Carle & Sons, 153 Water Street, New York City.













